Community

Equipment Service

Catalogue

Contents

INTRODUCTION **4**

SCOPE OF THE SERVICE 4
RESPONSIBILITIES 5
Assistant Director, Adult. *5*
PRESCRIPTION OF EQUIPMENT 5
RISK ASSESSMENT 6
HOW TO ACCESS THE SERVICE 6
DELIVERY OF EQUIPMENT 7
REVIEW OF EQUIPMENT 8
COLLECTIONS OF EQUIPMENT 8
REFERRERS RESPONSIBILITY 9
CATALOGUE LAYOUT 9
USEFUL CONTACT INFORMATION 11

TOILETING EQUIPMENT **13**

GENERAL CONSIDERATIONS WHEN ORDERING A COMMODE OR TOILETING AID. 13
CLEANING AND SAFETY WITHIN THE HOME 13
Standard Commode. *14*
Commode – Adjustable Height and Detachable Arms. *15*
Extra Wide Commode. *16*
Mayfair Commode. *17*
Glideabout. *18*
Bed Pan / Slipper Pan *19*
Female Urinal. *20*
Male Urinal. *21*
Catheter Stands. *22*

WALKING AIDS **32**

WALKING STICK 32
How to measure patient for correct height stick. *33*
Fischer Stick *34*
Quad-pod Stick *35*
WALKING FRAMES 36
Delta Walking Frame *36*
Rollator *38*
Walking Frame *39*
Wheeled Walking Frame. *41*
Fore-arm Walker / Gutter Frame. *43*
Elbow Crutches *44*
Four Wheeled Walker *45*

MOVING AND HANDLING AIDS **48**

SLIDE BOARD / BANANA BOARD. 48
TURNTABLE. 50
ONE WAY GLIDE SHEET. 51
SLIDE SHEET / MULTI-MOVER 53
FABRIC HANDLING SLING. 55
HANDLING / COMFORT BELT. 56
SEATED TURNING DISC. 57
LEG LIFTER. 58

STANDING TURNERS. 59
HAND BLOCKS. 61
HOISTS 62
Standing Hoists 62
Full Body Hoists. 64
SLINGS 72
Full Body Sling 72
Access / Toileting Sling. 73
Hammock / Deluxe Sling. 73
Long Seat Sling 74
Toileting/Access Sling 75
Inspection of Slings. 75

BEDS AND CHAIR EQUIPMENT 77

ADJUSTABLE HEIGHT BED 77
ELECTRIC PROFILING BED. 78
Profiling Bed Instruction Sheet to Reduce Shear Forces 81
BACKREST. 82
BED CRADLE. 83
COT SIDES / BED RAILS. 84
LIFTING POLE 85
OVER BED/CHAIR TABLE 86
PERCHING STOOLS 88
Without Back and Arms 88
With Back and Arms 90
Mobile Perching Stool 91
CHAIR RAISERS 93
BED RAISERS 96
MULTI PURPOSE RAISERS (MPR) 100
BED LEVER 102
Easyleaver bed lever 102
Easyrail bed lever 104
STANDARD MATTRESS VARIATOR 105
DREAM MASTER VARIATOR 108
SIDE WEDGES WITH DRAW SHEET 110
FALL OUT / CRASH MAT 112
ON BED SENSOR MAT ALARM 113
RISER / RECLINER CHAIRS 114

PRESSURE CARE PRODUCTS 116

GENERAL CONSIDERATIONS WHEN ORDERING A MATTRESS. 116
STANDARD HOSPITAL MATTRESS. 118
MEMAFLEX REPLACEMENT MATTRESS. 119
ALTERNATING PRESSURE MATTRESSES. 120

SHOWER / BATH BOARDS 135

MERLIN BOARD 135
EXTRA WIDE MERLIN BOARD 138
KINGFISHER BOARD 139

BATH SEATS 140

MERLIN BATH SEAT 140
SHOWER STOOL 142
CORNER SHOWER STOOL 143
STATIC SHOWER CHAIR 144
MOBILE SHOWER CHAIR 146
FLAT BASE SHOWER CHAIR 148
ADJUSTABLE SWIVEL BATHER 149

NEPTUNE BATH LIFT 152
AQUAJOY PREMIER PLUS....155
BATH STEP 157

EATING AND DRINKING AIDS FOR ADULTS....160

PLATE GUARD 164
PAT SAUNDERS STRAW 165
CROYDON CAN OPENER 166
DRESSING STICK 168
SOCK AID (SOXON)....169
TIGHTS AID 170
COMPRESSION STOCKING AID....171

SUCTION MACHINES.....172

OROPHARYNGEAL SUCTIONING 173

APPENDICES-....177

APPENDIX A – 177
Pressure Care Request Form 177
Pressure sore present : YES / NO 178
APPENDIX B – 180
Mattress Selection Flowchart....180
APPENDIX C– 182
Continuing Care Application Form 182
APPENDIX D– 187
Bed Criteria 187
APPENDIX E–....191
Bed Rail Guidelines –Bed Rail Assessment and Safety 191
APPENDIX F– 200
Risk Assessment Forms....200
FURTHER ACTION IMPLEMENTED 202
RESPONSIBLE PERSON 202
APPENDIX G– 205
Bed Assessment and Referral Form....205

Introduction

Welcome to the integrated Community Equipment Service Catalogue. The health and social services equipment stores have now integrated into one service. The following catalogue aims to give you; a comprehensive list of what equipment is now available through the stores, the ordering criteria and factors to consider before placing your order.

Scope of the Service

The Liverpool Community Equipment Service provides a wide range of disability equipment to children and adults to enable independent or assisted living at home.

We aim to provide an efficient quality service which ensures equipment is delivered, monitored, collected, cleaned and refurbished for re-issue.

We are a needs led service which requires comprehensive assessment of clients and referrals from health professionals. We will supply equipment for people of all cultures and disabilities who are Liverpool residents.

We aim to keep an up to date database of equipment issued in order to respond to any queries as quickly as possible and also to respond to any MHRA notices.

We endeavour to maintain equipment according to manufactures instructions and Health and Safety Regulations and ensure an efficient response to any product failures.

The service also aims to identify any unmet needs within the community to make informed decisions about future developments and funding.

Responsibilities

Senior Managers Have overall responsibility for ensuring the health and safety of employees and for reducing risks to others affected by work activities. They must ensure that arrangements are in place to manage compliance, monitoring and review of this protocol.

Assistant Director, Adult Services must ensure that Managers carry out their responsibilities under this Protocol and that reviews and audits of compliance are undertaken.

Store Manager must ensure that all staff involved in the procurement, delivery, collection, decontamination and disposal of equipment follow procedures and have adequate training to undertake these tasks in a safe and efficient manner.

All staff involved in equipment procurement, requisitioning, training and reviewing equipment have a responsibility to follow procedures laid down. Staff involved with collection, decontamination, disposal or re-issue of equipment has a responsibility to follow the procedures laid down.

All Staff must inform their line manager of any problems in following this procedure.

Prescription of Equipment

The provision of loan equipment will be in accordance with the following criteria:

The client;

- Has an identified need for a piece/package of equipment/minor adaptations.
- Has had a needs assessment undertaken by a named health care professional e.g. District Nurse, Occupational Therapist, Physiotherapist
- Is a resident of Liverpool, living in their own/relatives home or a care home.
- Stock equipment will be issued by approved staff from items listed in the Catalogue.
- Non-stock items may be requested if standard stock equipment doesn't meet the needs of the client. Information giving reasons why standard stock is not suitable must be given and product information and costing of the non-stock item must also be given.

The referrer is responsible and accountable for ensuring that all items are suitable for the client they are intended for, and that they are used in a safe and correct manner.

Risk Assessment

The prescriber must ensure that full assessment of the client and the environment is undertaken to include the risks associated with the provision or otherwise of equipment.

Prescribing staff must refer to Equipment Catalogue for guidance on the prescription of equipment.

How to Access the Service

- A risk assessment must be undertaken of the client and the environment.
- Ensure the client meets the relevant criteria for provision of equipment.

- The named Professional **must** complete all sections of the requisition form in clear legible writing.
- The named Professional must ensure that all accompanying components are requested, i.e. bed requires a mattress, etc.
- Incomplete requisitions will be returned to the requisitioning professional and will result in the delay of equipment being delivered.
- Where furniture requires moving prior to equipment provision, the professional must organize this with the service user before completing the requisition form.
- Ensure that each Professional has a PIN number. This is issued by the Equipment Service. If you are new to any of the three PCT's of Liverpool you will need to contact the service to register yourself.
- Fax the requisition form to the equipment service. **Telephone referrals will not be accepted.**
- Referrals can also be posted via the internal mail but this may take a few days to actually reach the service.

Delivery of Equipment

- Equipment is delivered into each postcode area of Liverpool once or twice a week by designated delivery drivers.
- Equipment that has been delivered by trained drivers will also be fitted, unless stated on the professional referral.
- The service endeavours to deliver equipment within seven days of your assessment.
- The service also has the capacity to respond to emergency deliveries of equipment e.g. urgent hospital discharge, and will normally respond within 24 hours (This service depends on the availability of the equipment and availability of the driver – it is not a guaranteed service).
- Small items of equipment can be collected from stores as long as a referral has been faxed through and the service

has been informed that someone will be collecting the equipment from the store.

It is the referrer's responsibility to demonstrate the use of the equipment and review that it is being used in a safe and correct manner once it has been delivered.

Review of Equipment

- The requirement for equipment must be reviewed at every contact with the client.
- An initial review of equipment must be completed within 48 hours of issue. This is to ensure the safety of the client and ensure the item of equipment is suitable and meets the clients needs.
- Once the initial assessment has been carried out the assessment must be reviewed in line with the level of risk/user's condition. The maximum time period for this review is 12 months. This review is necessary to check that the equipment is still meeting the individuals' needs and is in full working order.
- Active mattress systems should be reviewed every 3 months.

Collections of Equipment

The service relies on recycling of equipment in order to meet the demand. Once equipment is no longer required, please contact the service by phone or fax with the patient details and any special instructions and arrangements will be made to get the equipment collected.

UNDER NO CIRCUMSTANCES SHOULD EQUIPMENT BE TRANSFERRED BY HEALTHCARE PROFESSIONALS BETWEEN PATIENTS.

It is necessary to return equipment to Loan Stores to ensure that the following are carried out before re-issue:

- For cleansing/decontamination (as per Appendix 13)
- For servicing and safety checks
- For accurate maintenance of records

Collections will take place Monday to Thursday.

Referrers Responsibility

When you order a piece of equipment, you are prescribing it for an individual patient need. It is the referrers responsibility, and of vital importance, to ensure the equipment is being used safely and correctly, to demonstrate if required and review its suitability once it has been delivered. It is also important that the equipment is reviewed on a regular basis to make sure it continues to meet the needs of the client or whether the equipment can be returned to the service.

If you do not know what the equipment is, what it does, or how to use it, do not order it.

If you are unsure in any way of what piece of equipment will meet the needs of your client, seek advice from the appropriate agency.

Catalogue Layout

The catalogue is split into various sections, as you can see from the contents page. This is to enable the user to have a quick and simple reference guide rather than having to look through the whole catalogue for one particular item.

Each section contains every piece of equipment that comes under that category.

For every piece of equipment that is in each section, you will be given;

- A photograph of each item.
- The dimensions or a brief description of it.
- The criteria for its issue/non issue
- Considerations that you must undertake in your assessment process.
- Cleaning and safety instructions
- Elms code (this is for the computer system the Equipment Service uses).

The appendices give you extra guidance on ordering of equipment.

Useful Contact Information

Community Equipment Service
Telephone – 0151 282 7717/7718
Fax – 0151 282 5180
Email – Community.Equipment@pct.northliverpool.nhs.uk

Liverpool Disabled Living Centre
Telephone – 0151 298 2055
Fax – 0151 298 2952
Website – www.liverpooldisabledlivingcentre.com

Manual Handling Service
Telephone – 0151 263 9209

Wheelchair Service
Telephone – 0151 250 6190

Minor Adaptations
Telephone – 0151 233 1213

Community Equipment Nurse Specialist
Telephone – 0151 282 7717/7718 or 282 5176
Fax – 0151 282 5180
Email – Joe.Nightingale@pct.northliverpool.nhs.uk

Liverpool Direct
Telephone – 0151 233 3000

Merseyside Centre for the Deaf
Telephone – 0151 228 0888

Liverpool Voluntary Services for the Blind
Telephone – 0151 221 0888

Toileting Equipment

Toileting Equipment

General Considerations When Ordering a Commode or Toileting Aid.

- Weight limit.
- Seat Height – the height should be approximately 3cm less than the knee joint. People with arthritis may need a higher seat option.
- Position of commode within a room.
- Ease of use for client, especially at night when have to remove cover.
- Who will be responsible for emptying and cleaning.
- The aid is only to be used by one client – implications for infection control otherwise.
- Commodes are at risk of tipping if weight is only put through one arm.
- The legs on commodes can be a tripping hazard if not positioned correctly.

Cleaning and Safety within the Home

- Any waste products are to be discarded down the toilet.
- All parts can be cleaned with a suitable detergent (washing up liquid) and warm water including the bucket.
- Check toilet seat and frame for cracks. If any are present please report to the equipment service.

Standard Commode.

Dimensions.

- Toilet seat height – 46cm (18 ¼ “)
- Width between arms – 50cm (19 ¾ “)
- Seat depth – 40.5cm (16”)

Criteria.

- Issued to people with restricted mobility, who may be unsteady when walking, need supervision when transferring, or be unable to climb stairs.
- People experiencing continence problems.

Specific Considerations

- Weight of person – Maximum weight is 20stone.

Elms Code – T032

Commode – Adjustable Height and Detachable Arms.

Dimensions.

- Toilet seat height – From 45cm (17 ¾ “) to 60cm (23 ¾ “)
- Width between arms – 51cm (20”).
- Seat depth – 40.5cm (16”).

Criteria.

- As standard commode.
- Additional height required due to height or condition of patient e.g. arthritis.
- Arms need to be removed to aid transfer from bed/chair/wheelchair.

Specific Considerations.

- Weight of person – maximum weight is 20stone
- If commode needs to be transported between rooms, ensure that safe handling occurs, i.e. not to lift by the arms as they are detachable and commode can be dropped.

Elms Code – T034

Extra Wide Commode.

Dimensions.

- Toilet seat height – 45cm (17 ¾”)
- Width between arms – 73 ½ cm (29”)
- Maximum seat depth 51cm (20“)

Criteria.

- As standard commode
- Patient weighs over 20 stone
- Patients hip width too big for standard commode.

Specific Considerations.

- Weight of person – maximum weight is 40 stone.

Elms Code – T035

Mayfair Commode.

Dimensions/Features.

- Detachable padded arms
- Braked castors
- Square rear-loading pan
- Toilet seat height – 50cm (19 ¾")
- Seat width – 43cm (17")

Criteria.

Mayfair commodes are a toilet aid and should not be used as a mobility aid.

- When commode needs to be transferred from room to room and patient/carer is unable to transport a static commode.
- Where a person cannot be hoisted safely onto a toilet or static commode.
- When a person is unable to transfer into a wheelchair to reach a commode or toilet.

Specific Considerations.

- Weight of patient – maximum weight is 30stone
- Environmental area where commode is to be used – floor covering, doorway width.
- Commode should have brakes on when transferring on and off, is the patient/carer able to do this.
- Should not be used as a substitute wheelchair where a static commode would meet the patients need.
- Should not be used in the shower as this causes rust and deterioration.

- Have all other options been considered.

Elms Code – T025

Glideabout.

Dimensions

- Detachable padded arms
- Braked castors
- Seat height – 50cm (19 ¾")
- Seat width – 43cm (17")

Criteria

- To be used for internal transfers between rooms e.g. bedroom to bathroom.

Considerations.

- Weight of patient – maximum weight is 30stone
- Environmental area where it is to be used – floor covering, doorway width.
- Should have brakes on when transferring on and off, is the patient/carer able to do this.
- Should not be used in the shower as this causes rust and deterioration.
- If the client has a wheelchair then this should be used for transfer between rooms and there is no need for a glideabout.

Elms Code – H101

Bed Pan / Slipper Pan.

Criteria.

- When a person is too ill to get out of bed.
- When transfer to a commode is not possible.
- Must have good sitting balance.

Considerations.

- Slipper pan recommended for frail people or those with orthopaedic problems as it is easier to put in place and remove.
- For women, bed pans are to be used for micturition and defaecation.
- For men, bed pans are to be used for defaecation only.
- A carer must be present and able to empty and clean the bed pan.
- One standard size only available.
- Extra care must be taken if hoisting onto the bedpan.

Elms code – T036

Female Urinal.

Female Urinal Bottle and Female Urinal Slipper

Criteria.

- If a woman is unable to transfer out of bed/chair.

Considerations.

- Can be used by most women, although some may be resistant to the idea.
- A carer must be present and able to empty and clean the urinal.

Elms Code – U22

Male Urinal.

Criteria.

- If a man is unable to transfer out of bed/chair.
- For use during the night so user doesn't have to get out of bed.
- Will only be issued as part of a package of equipment.

Considerations.

- Must be able to position correctly so no spillages occur.
- Safe place to leave urinal once used to prevent spillages, or carer available to empty it.
- If no other equipment is required, the District Nurse is responsible for supply of a urinal.

Elms Code – U23

Catheter Stands.

Description

- Plastic or metal frame.
- One size only.

Criteria

- Used to hold catheter bags that are unable to be strapped to the clients leg.

Considerations

- Client compliance. The stand will have to be carried if the client is mobile.
- The metal frame stand can hook over the edge of a metal framed bed.

Elms Code – T033

Raised Toilet Seats

Dimensions

- Two or four inches in height.
- Are available as one or 6 inches in height but only as a special order.
- Will fit most standard sized toilet bowls.

Criteria

- The client requires a higher toilet seat to facilitate a safe transfer onto and off the toilet.
- To enable the client to sit down and get up from the lavatory with the least effort and discomfort.

Considerations

- Weight of client – maximum weight is 24 stone.
- The clients feet must be able to reach the floor/be flat on the floor when the toilet seat is in place.
- A raised toilet seat can affect bowel function.
- Consider if the seat needs to be removed frequently by other members of the family and if the user is capable of checking the stability before each use.
- Will the client/family be able to remove and refit the seat?

- Raised toilet seats do not give extra support. They can be used in conjunction with a grab rail or toilet frame.
- If there are tissue viability concerns, soft raised toilet seats are available as a special purchase.
- If the toilet is of an unusual shape, measurements must be taken and you can contact the Liverpool Disabled Living Centre as alternatives models are available that can be borrowed for assessment.

Cleaning and Safety Within the Home

- Clean with warm/hot water up to 90 degrees and normal detergent.
- Check seat for tightness of fit before putting any weight on it.
- Check rubber connections on clamps for wear and tear.

Elms Code

- 2 inch raised toilet seat – T004
- 4 inch raised toilet seat – T005
- 6 inch raised toilet seat – T006

Toilet Frame

Dimensions

- Adjustable height from 25 ½ inches to 31 ½ inches.
- Width between arms – 18 ½ inches.
- Overall width – 20 ¼ inches
- Overall depth – 17 ¾ inches
- Small stock of heavy duty frames or extra wide frames may be available.

Criteria

- The client requires handrail support during transfer on/off the toilet.
- The client requires handrail support whilst sitting on the toilet.

Considerations

- Weight of the client – Maximum weight is 24 stone.
- The frame can tip over if weight of client is only put through one armrest or if it is leaned against.
- Floor fixings can be supplied and fitted by the Minor Adaptations Team if required and the floor is assessed as suitable.
- Dimensions of the lavatory space e.g. no obstruction from the waste pipe.
- All legs must be set at the same height.

- The height of the frame should be adjusted to that required by the client.
- The frame is a potential tripping hazard, ensure that the client and clients family are aware of this.

Cleaning and Safety Within the Home

- Frame can be wiped down with warm/hot water and detergent or a mild disinfectant.
- Check that all legs have rubber ferrules on which are secure and with a good tread.
- Check that pin clips are secured with no metal part protruding on the outside which could catch on the clients skin.
- Periodically check the frame for any cracks or signs of rust an report to the Equipment Service to receive an exchange.

Elms code

- Standard – T014
- Heavy Duty – T014B

Raised Toilet Seat Frame (Scandia)

Dimensions

- Adjustable height from 19 ½ inches to 25 ½ inches
- Width between arms – 19 inches
- Overall Width – 24 ¾ inches
- Depth – 22 inches
- Small stock of heavy duty or extra wide frames may be available.

Criteria

- Client requires additional toilet seat height **and** handrail support to aid toileting.

Considerations

- Weight of the client – Maximum weight is 25 stone.
- The frame can tip over if weight of client is only put through one armrest.
- Floor fixings can be supplied and fitted by the Minor Adaptations Team if required and the floor is assessed as suitable.
- Dimensions of the lavatory space e.g. no obstruction from the waste pipe.
- All legs must be set at the same height.
- The height of the frame should be adjusted to that required by the client.

- The frame is a potential tripping hazard, ensure that the client and clients family are aware of this.
- Not suitable for lateral transfers due to fixed arms.
- Are available with a sleeve which clips to the frame and then slots into the toilet bowl, or with a deep bucket. Please specify on your referral which is required.

Cleaning and Safety Within the Home

- Frame can be wiped down with warm/hot water and detergent or a mild disinfectant.
- Check that all legs have rubber ferrules on which are secure and with a good tread.
- Check that pin clips are secured with no metal part protruding on the outside which could catch on the clients skin.
- Periodically check the frame and toilet seat for any cracks, splits or signs of rust and report to the Equipment Service to receive an exchange.

Elms Code – T020

Floor Fixing Kit

- Adjustable Height Frame has straight leg fixings, raised Toilet Seat Frame has splayed leg fixings
- Referrals must be made to the Minor Adaptations team to fix them to the floor.

Elms Code – T020A

Folding Bottom Wiper

Dimensions

- One size only.
- Has a moulded plastic head with recessed serrations to grip paper.

Criteria

- Client has restriction of movement in the upper limbs limiting their reach, and requires aid to clean themselves after using the toilet.

Considerations

- Client must have sufficient hand dexterity in order to apply toilet paper to the serrated edge.
- Some clients may find using pre-moistened wipes more effective when using bottom wipers.
- Client must be shown how to use this item as it can be potentially harmful if used incorrectly.
- In its folded state it is very discrete and can be fit into handbags or trouser pockets.

Cleaning

- Wipe over with a damp cloth and mild detergent solution.
- The plastic heads can be washed in hot (not boiling) water with mild detergent

Elms Code – H182

Bottom Buddy

Dimensions

- One size only.
- It is a plastic handle with a rubber head.
- There is a button on the handle, which when pressed allows release of the toilet paper.

Criteria

- As folding bottom wiper

Considerations

- Client must have sufficient hand dexterity in order to apply toilet paper to the rubber head
- Client must be shown how to use this item as it can be potentially dangerous if used incorrectly.
- Not as discrete as the Folding Bottom Wiper.

Cleaning

- Wipe over with a damp cloth and mild detergent solution.

Elms Code – H183

Walking Aids

Walking Aids

Walking Stick

Dimensions

- Adjustable height – 28 inches to 38 inches

Criteria

- Issued to people with reasonably good mobility e.g. still mobile outdoors, but needs minimum amount of assistance.
- Issued to ease unilateral joint pain e.g. OA knee.
- Reduced confidence, poor exercise tolerance or increased frailty.

Considerations

- Client must have good balance
- Is the client able to do stairs independently
- Client must have good hand function/reasonable grip

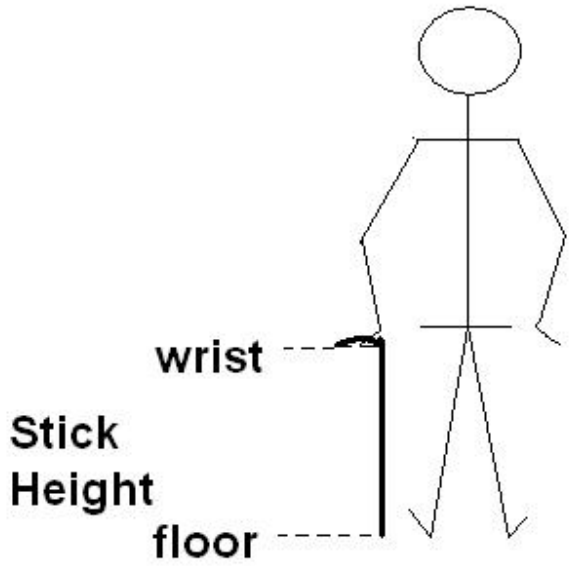
Cleaning and Safety Within the Home

- Stick can be wiped down with warm/hot water and detergent or a mild disinfectant.
- Check that the stick has a rubber ferrule on which is secure and with a good tread.
- Check that any pin clips are secured with no metal part protruding on the outside which could catch on the clients skin.
- Periodically check the stick for any cracks or signs of rust an report to the Equipment Service to receive an exchange.

Elms Code – K024

How to measure patient for correct height stick.

- Standing up straight
- Arms by side – elbow bent ≈ 30 ° (nearly straight)
- Measure distance from floor to the wrist joint
- This is your correct stick height. Measure with usual footwear.



Fischer Stick

Dimensions

- Adjustable height.- 27 inches to 36 inches

Criteria

- see Walking Stick
- Especially for clients who suffer from wrist/hand pain → degenerative conditions e.g. Rheumatoid Arthritis, Osteoarthritis in wrist/hand

Considerations

- See walking stick

Measurement

- See walking stick

Cleaning and Safety Within the Home

- See walking stick

Elms Code

- Right handed – K019
- Left handed – K020

Quad-pod Stick

Dimensions

- Adjustable height – 30 inches to 40 inches

Criteria

- Issued to those who have to lean on it so much so a stick would not be suitable e.g. severely dysfunctional down one side of the body as in stroke or leg amputation.

Considerations

- Is more stable than a tripod stick which are now discontinued.
- Splayed legs could become a tripping hazard.
- Will the footprint of the stick fit onto steps on the staircase.

Measurement:

- See walking stick

Cleaning and Safety Within the Home

- See walking stick

Elms Code – K023A

Walking Frames

Delta Walking Frame

DELTA

Due to high level of balance and co-ordination required to mobilise with Delta walkers we still feel it is the remit of Physiotherapists/Physiotherapy Assistants to recommend these walking aids.

The Domiciliary Physiotherapy Service is happy to accept referrals.

Dimensions

- Adjustable height handles

Criteria:

- Good walking pattern needed, but lacking confidence.
- Needs something to lean on to improve steadiness.

Considerations

- Environment it is to be used e.g. indoor/outdoor, doorway widths.
- Stability of the client when using it – balance test completed by Physiotherapist on assessment.
- Will the client need to carry items whilst using the frame. Bags or baskets can be attached to it.

Safety

- Check brakes are working effectively.
- Check ferrules on deltas with push down handles.

Elms Code

- Push down brakes – K012
- Pull up brakes – K015

Rollator

ROLLATOR

Due to high level of balance and co-ordination required to mobilise with Rollator walkers we still feel it is the remit of Physiotherapists/Physiotherapy Assistants to recommend these walking aids.

The Domiciliary Physiotherapy Service is happy to accept referrals.

Dimensions

- Fixed height

Criteria:

- Issued to patients who need to lean more heavily - who need more support/stability.

. **Cleaning and Safety Within the Home**

- See walking stick
- Ensure wheels are secure and have not become loose in any way.

Elms Code – K022

Walking Frame

Dimensions

- All adjustable height.
- Small – 28 ½ inches - 31 ½ inches
- Medium – 31 ½ inches – 34 ½ inches
- Tall – 34 ½ inches – 37 inches
- Width – 21 inches
- Narrow width 19 inches

Criteria

- Poor balance, unsteady on feet.
- Ability to stand with minimal assistance.
- Ability to take weight through arms.
- Good enough balance to stand, pick up frame and lift it forward.

Considerations

- Environment it is to be used.
  E.g. door width, room to turn round with frame.

- Is the patient able to get frame upstairs or will they require one for upstairs and one for downstairs.
- Frame could become a tripping hazard.

Measuring for zimmer:

- Stand patient
- Measure distance from floor to hip level
- (If a patient is kyphosed i.e. bent forwards and unable to straighten, a lower frame may be needed.)

Cleaning and Safety Within the Home

- Frame can be wiped down with warm/hot water and detergent or a mild disinfectant.
- Check that all legs have rubber ferrules on which are secure and with a good tread.
- Check that pin clips are secured with no metal part protruding on the outside which could catch on the clients skin.
- Periodically check the frame for any cracks or signs of rust an report to the Equipment Service to receive an exchange.
- Ensure all legs are set at the same height.

Elms Code

- Medium height and width – K001A
- Medium narrow – K001B
- Tall height medium width – K002A
- Tall height narrow width – K002B
- Small height medium width – K003A
- Small height narrow width – K003B

Wheeled Walking Frame

WHEELED ZIMMER

Due to high level of balance and co-ordination required to mobilise with wheeled zimmer walkers we still feel it is the remit of Physiotherapists / Physiotherapy Assistants to recommend these walking aids.

The Domiciliary Physiotherapy Service is happy to accept referrals.

Dimensions

- All adjustable height – see walking frame

Criteria:

- Issued to patients who still need support, but can walk more efficiently.
- Balance is reduced and they are unable to pick up frame.
- Those with poor exercise tolerance e.g. COPD, heart conditions.

Considerations

- See Walking Frame.

Measurement

- See Walking Frame.

Cleaning and Safety Within the Home

- See Walking Frame
- Ensure wheels are secure to the frame

Elms Code

- Medium height – K001C
- Tall height – K002C
- Small height – K003C

Fore-arm Walker / Gutter Frame

FORE-ARM WALKER / GUTTER FRAME

Due to high level of balance and co-ordination required to mobilise with Fore-arm Walker/Gutter Frame walkers we still feel it is the remit of Physiotherapists/Physiotherapy Assistants to recommend these walking aids.

The Domiciliary Physiotherapy Service is happy to accept referrals,

Dimensions

- Adjustable height legs
- Has two small castors on the front legs.

Criteria

- Unable to weight bear through a straight arm.
  e.g. problems with wrist/elbow/shoulder as in Rheumatoid Arthritis.
- Especially for widespread joint disease where weight bearing is difficult e.g. pain/swelling.
- Must have ability to lift arms to chest level.

Considerations

- Environment it is to be used in e.g. doorway widths.

- Can be a potential tripping hazard.

Cleaning and Safety within the Home

- See Wheeled Zimmer Frame.

Elms code – K011

Elbow Crutches

Because of the different gait patterns patients may need to be taught, how to use their elbow crutches safely by a Physiotherapist e.g. using them safely on stairs, steps, and outside. Please refer to physiotherapy if you are considering issuing this walking aid.

Dimensions

- Adjustable height 28 inches to 38 inches

Criteria

- Only to be issued from a physiotherapy referral.
- Limited ability to take weight through one leg.
- Patients must have a high level of co-ordination and balance
- High level of exercise tolerance therefore not always suitable for elderly patients.

Cleaning and safety within the home

- Stick can be wiped down with warm/hot water and detergent or a mild disinfectant.
- Check that the stick has a rubber ferrule on which is secure and with a good tread.
- Check that any pin clips are secured with no metal part protruding on the outside which could catch on the clients skin.
- Periodically check the stick for any cracks or signs of rust and report to the Equipment Service to receive an exchange.

Elms Code – K025A

Four Wheeled Walker

Due to high level of balance and co-ordination required to mobilise with Four Wheeled Walkers we still feel it is the remit of Physiotherapists/Physiotherapy Assistants to recommend these walking aids.

The Domiciliary Physiotherapy Service is happy to accept referrals,

Criteria

- Referral from Physiotherapist only
- Has tried other wheeled walkers but deemed unsafe or not meeting the needs of the client.

Considerations

- The environment it is to be used in, e.g. doorway widths, space within the room, steps to negotiate.
- The balance and walking pattern of the client – physiotherapist will assess for this.
- Space with in the property for it to be stored.
- Will it become a tripping hazard?
- Will the client need to carry things at the same time as using the walker. Some walkers are available with baskets or trays.
- If the walker needs to be sat on e.g. if client gets tired whilst walking, ensure they know how to use brake system correctly.

Cleaning and Safety within the Home

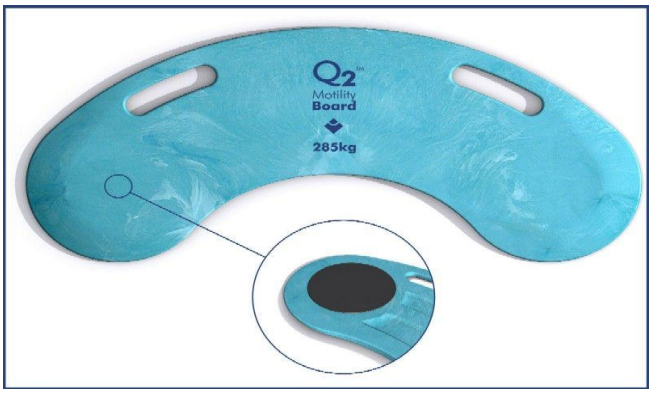
- Wipe down frame with damp cloth soaked in warm water and normal detergent.
- Ensure wheels are kept free for dust/debris that may prevent them from moving freely.
- Ensure brakes work effectively.
- Periodically check frame for excessive rust or cracks in the frame. If any are evident, contact the Equipment Service for a replacement.

Elms Code – K027

Moving and Handling Aids

Moving and Handling Aids

Slide Board / Banana Board.

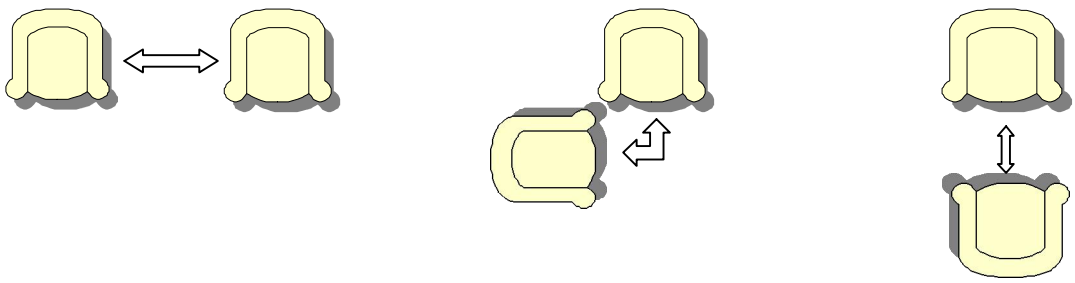


Dimensions

- Weight limit of 285kg / 45stone
- Length – 75cm (29 ¼ “)
- Width 33.8cm (13 ¼ “)
- Weight 1.6kg

Criteria

- To be used on seating transfers which include; side on transfer, 90 degree transfer, or 180 degree transfer.



- The client must have dynamic sitting balance.
- The client should be able to use the board independently.

- The board should not be used next to bare skin as this can lead to skin loss.
- The surfaces of transfer must be level. Maximum height difference between surfaces -1 inch.

Considerations

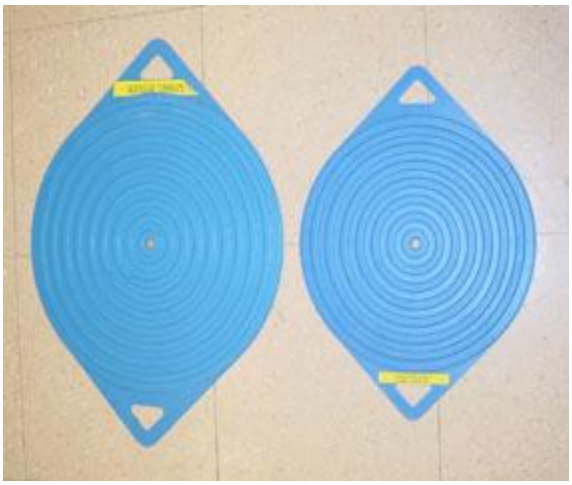
- If using on a bed or armchair, the cushion or mattress can compress with the clients weight making the transfer surfaces uneven.
- Careful assessment needs to be carried out if the board is to be used on someone with a pressure sore as the shearing forces of the transfer may affect tissue integrity.
- Finger entrapment may occur at either end of the board when transferring. Ensure that the client is aware of this danger and advise on safe positioning of the hands.
- The rubber or non-slip pads on the board must be on both seats during the transfer.

Cleaning and safety within the home

- Wipe down board with damp cloth and mild detergent.
- Unsure rubber pads are as dust free as possible.
- Ensure rubber pads are secure to the board
- If the board becomes cracked or rubber pads are not secure contact the Community Equipment Service for a replacement.

Elms Code – M002

Turntable.



Dimensions

- Available in 2 sizes – 1 foot board
  - 2 foot board
- 2 plastic discs secured together with a metal pin.

Criteria

- To assist a seating transfer with the aid of a banana board or independent transfer.
- **Not to be used in a standing transfer** – leads to body's natural equilibrium being disturbed and involves twisting of the clients body.

Considerations

- Client must have good upper body strength to be able to transfer.
- The clients balance must be taken into consideration.

Cleaning and safety within the home

- Wipe down board with damp cloth and mild detergent.
- Ensure both plastic discs are secured together.
- If the discs have become cracked or separated contact the Community Equipment Service for a replacement.

Elms Code – M077

One Way Glide Sheet.

THIS IS NOT A SLIDE SHEET

Dimensions

- Available to fit chair or wheelchair.
- 48 x 53 cm

Criteria

- Used to facilitate movement in one direction, and prevent movement in the opposite direction.
- **NOT to be used as a restraint**. E.g. to prevent someone from getting to edge of chair so they are unable to get up.
- Should be used with extreme caution if client has, or is at a very high risk of developing pressure sores.
- There are specific makes available for use with clients who do have pressure sores but these are not a stock item and would need to be a special purchase.

Considerations

- Care should be taken that the one way material be the right way round. Sheet will move in wrong direction if not.
- Unable to be used over a Roho cushion.
- Client should be seated on sheet for no longer than two hours without pressure relief.
- If client is incontinent, two sheets should be issued.

- All sheets come with a non-slip patch on the back, this should be placed directly on the chair to prevent unwanted movement.

Cleaning and Safety Within the Home

- This can be machine washed according to manufacturers instructions.
- It should be allowed to dry thoroughly to prevent mould growth.
- If the fabric should become torn, have excessive fraying or non-slip backing comes away, please contact the Community Equipment Service for a replacement.

Elms Code – M007

Slide sheet / Multi-Mover

Dimensions/Description

- 122cm x 100 cm. Coloured red.
- Tubular piece of material – inside surfaces move freely against each other.
- 2 single sheet system is available but this is a not a stock item and can only be ordered via the Moving and Handling Service.

Criteria

- To enable friction free movement of client up and down the bed or to roll from side to side.
- Can be used to aid repositioning whilst in a chair only after advice or training given by a Moving and Handling Instructor.

Considerations

- When using the sheet on the bed, you must ensure the slide sheet is at least 2 inches (5cms) above the shoulder and 2 inches below the hip.
- The sheet should never overhang the edge of the mattress. There should be a palms width between the edge of the bed and the edge of the slide sheet, if not there is the risk of falling off the bed.
- The sheet must never be left in situ as client safety and comfort will be compromised.
- The sheet should never be left on the floor as this is an infection control risk and a safety risk for anybody walking on that floor.
- Can be used to assist application of slings.
- If you are unsure of how to use this piece of equipment, please consult your moving and handling advisor.

Cleaning and Safety Within the Home

- This can be machine washed according to manufacturers instructions.
- It should be allowed to dry thoroughly to prevent mould growth.
- If the fabric should become torn, have excessive fraying or it looses its friction free movement, please contact the Community Equipment Service for a replacement.

Elms code – M075

Fabric Handling Sling.

Dimensions

- One size

Criteria

- Designed only to assist client when;
  - bringing from a lying position to a seating position in bed.
  - bringing the client forward in the chair to aid application of a sling or clothing.
  - to reposition the hips forward whilst in a seating position.
- Can also be used to lift legs into bed or bath.
- **NOT** to be used to lift someone from a sitting to a standing position.
- Can be used on any age client

Considerations

- Can be used with one or two carers.
- Useful on oedematous or ulcerated legs as it reduces the finger point contact on the leg.

Cleaning and Safety Within the Home

- This can be machine washed according to manufacturers instructions.
- It should be allowed to dry thoroughly to prevent mould growth.

- If the fabric should become torn or have excessive fraying, please contact the Community Equipment Service for a replacement.

Elms code – M084

Handling / Comfort Belt.

Dimensions

- Available in medium size. Small and Large available as special request.
- Has adjustable length clip belt.
- All belts are red in colour – check label for sizing.
- Children's belts are also available but they are not a stock item.

Criteria

- Used to aid stability in standing and walking
- To assist in a seating transfer.
- **NOT to be used as a restraint.**
- **NOT** to be used to bring client up to a standing position.

Considerations

- Belt to be applied when in a sitting position.
- Should not be used on anyone who has a PEG tube, colostomy, ileostomy, urostomy, broken ribs or a hiatus hernia due to compression of the abdomen.
- Belt should not be left in situ.
- Clip on belt should be checked before each use to ensure is working correctly and nothing is broken.

Cleaning and Safety Within the Home

- This can be machine washed according to manufacturers instructions.

- It should be allowed to dry thoroughly to prevent mould growth.
- If the fabric has excessive fraying or the clip has broken, please contact the Community Equipment Service for a replacement.

Elms Code – L029

Seated Turning Disc.

Description

- One size only
- Has non-slip backing which goes onto seat surface.
- Works by two pieces of slide sheet material sliding over each other to provide a friction free movement.
- Padded surface for patient comfort.

Criteria

- To reduce or prevent unnecessary handling.

Considerations

- Can be used at dining table or in the car to provide equal hip rotation when sitting.
- Not to be put on the floor.
- You must inform your insurance company if you are using this within a car.

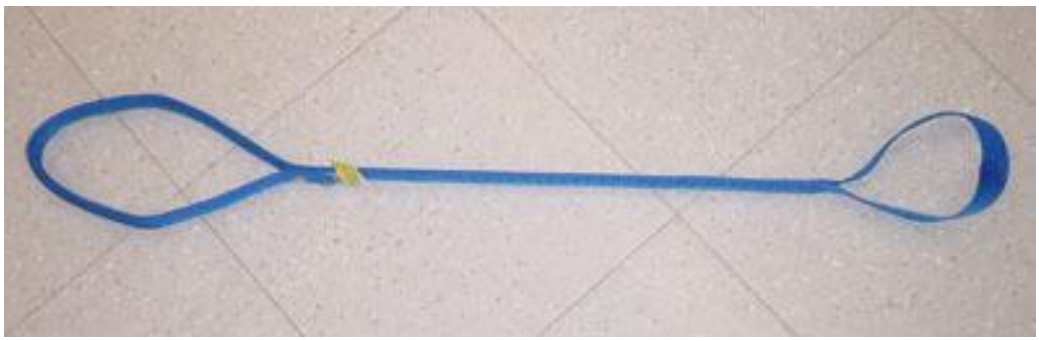
Cleaning and safety within the home

- This can be machine washed according to manufacturers instructions
- Ensure both fabric discs are secured together.

- If the discs have become torn or become separated contact the Community Equipment Service for a replacement.

Elms Code – M019

Leg Lifter.



Description

- Fabric coated plastic frame.
- Loop that goes around foot is metal.

Criteria

- For use of lifting legs independently, i.e. into bed, on/off foot stool, in/out of bath.
- To aid nurse when bandaging legs.

Considerations

- Use with caution when client has friable skin on feet or leg.
- Use with caution if client has no feeling or altered sensation in foot or leg as tissue damage may occur without knowing.
- Certain models are available with two handles but this is not a stock item and will need to be a special purchase.

Cleaning and safety within the home

- Fabric can be sponged clean with damp cloth and mild detergent.

- If rigid part of the leg lifter is protruding from the fabric or has snapped, contact the Community Equipment Service for a replacement

Elms Code – H039

Standing Turners.

Dimensions

- Height adjustable.

Criteria

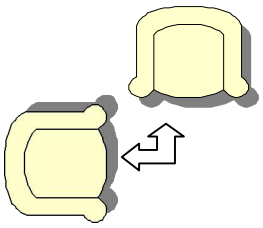
- Used when client can weight bear but is unable to step.
- For use on a seated transfer;
- SEAT ⇒ STAND ⇒ SEAT
- An operator is required.

Considerations

- Weight limit of 24 stone
- Not to be used with clients who have dementia or are confused.

- Can be used with single amputees or hemiplegics as long as they have good balance and they have had a full assessment.

- To be used in 90 degree seating transfers only.



- **Not** To be used to transport a client around a room.

Cleaning and Safety Within the Home

- Wipe down metal frame with a damp cloth and mild detergent and ensure is dried thoroughly to prevent rust.
- Periodically check frame for signs of rust or cracks, and that any bolts are secure and contact the Equipment Service if any problems with the above.

Elms code – M080

Hand Blocks.

Criteria

- Client must have good upper body strength
- Client must be able to grip.
- Used to aid independent movement in bed and to reduce handling.
- Can be used on the floor.

Considerations

- Not to be used on dynamic mattresses as no stability.
- Would work well in conjunction with a slide sheet.
- A single block can be used if client only has one functional hand.
- Supplied only in one size which may not suit all users.
- Has non-slip base.
- Other models are available but will need further assessment by an OT or Moving and Handling advisor.

Cleaning and Safety Within the Home

- Wipe down with a damp cloth and mild detergent and ensure is dried thoroughly to prevent rust.
- Ensure non slip rubber grip is as dust free as possible and is secured to the base of the block.

Hoists

Standing Hoists.

Criteria

- Minimal weight bearing ability required.
- Client needs to be able to go into extension. i.e. actively push away from the hoist in use.
- To be used in seating transfers.

Considerations

- Weight limit of approx 20 stone
- Hoist is not able to pick up from a lying position in the bed, but can pick up from a sitting position on the edge of the bed.
- Referral is recommended only via Moving and Handling service after complex assessment.
- Assessment can only be completed with the equipment in situ.
- Shoulder injury to the patient is possible if hoist is used incorrectly.
- Not to be used with clients who cannot weight bear, are confused or have dementia, with severe hemiplegia, or suffer from involuntary movements which move them forward, e.g. Huntingtons.
- Specific sling required.
- Not suitable with amputees.
- Not always successful with the larger sized patient.
- Various makes of standing hoist available but they all perform the same job.
- 4 inch access under the bed/chair is required

Cleaning and Safety Within the Home

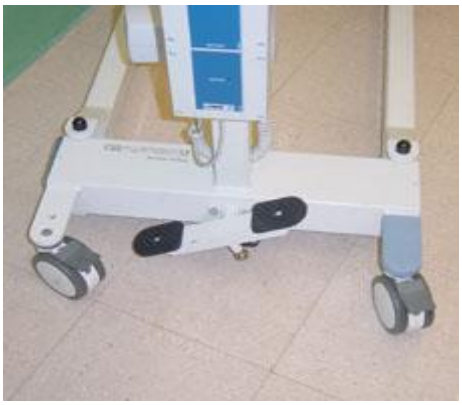
- Frame can be wiped down with a damp cloth and mild detergent.
- Ensure wheels are moving freely.
- The hoist needs to be LOLER tested on a 6 monthly basis. The contractors will contact the client direct to do this.

Elms code

- Harvest Stand Aid Hoist – L030
- Harvest Stand Aid Sling – L018

Full Body Hoists.

Mobile Electric Hoist Legs



Foot operated Spreader

Hand operated lever for Spreader Legs

Description.

- There are several types and sizes of hoist available.

Type	Maximum User Weight
- Porta 127	127kg/20 stone
- Elf	127kg/20 stone
- Porta 130	130kg/20 ½ stone
- Porta 150	150kg/23 stone
- Delta	150kg/23 stone
- Porta 155	155kg/24 stone

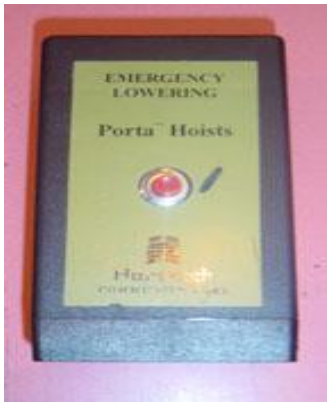
- These are all electric hoists.
- The hoists which carry a larger weight are also larger in size.
- The Elf has a higher lifting height than its equivalent Porta 127.
- Porta hoists have the heel / toe motion to open the spreader legs, whilst the Elf and Delta have the hand held lever.
- All hoists come with a two bar yoke that the sling attaches to. If this is unsuitable for the client, an assessment by your moving and handling advisor is required for further adaptations.
- All hoists should have an emergency lowering device as follows; (some older hoists may not have this device)

Red emergency stop button. If pressed in, needs to be turned clockwise to be released.

Emergency Lowering. Pen/pencil/nail to be inserted into small hole to activate lowering

Two lights indicate that the machine is in use or when it is on charge.

Red Lever is to be lifted up. Weight of person will activate lowering.



The electrical lead from the hoist motor needs to be plugged into the base of this box. The red button then lowers the boom.

- If an electric hoist is not available, a hydraulic hoist will be issued as a short term measure.
- No hoist has an emergency lifting device.
- Each hoist has two braked castors. When lifting, the castors should be left unbraked, the hoist will then be able to move to the centre of gravity of the lift. If they are braked, the hoist may tip over making it unsafe for the patient.

Criteria

- For use with clients who are unable to transfer independently or with the use of aids, due to their medical/physical condition.
- For use by the named client only. **NOT** to be used between clients in a shared residence unless agreed and a full assessment of each client has been undertaken. Each client must have their own sling.
- To be used to transfer from bed to chair/chair to toilet etc. **NOT** to be used as a transporter between rooms.

Considerations

- Height of the bed. All hoists require a 4inch clearance gap from the floor to the bed base. Bed raisers may be required to accommodate this.
- If a pressure relieving/reducing overlay mattress is in situ, a hoist with a greater clearance height will be needed.
- Consider the width of the hoist at its greatest if it is to be used round armchairs.
- Care should be taken when using on carpeted areas as the hoist may not move smoothly.
- The space available within a room to manoeuvre the hoist. Each hoist requires a minimum of a 2metre turning circle within a room.
- Space available to store the hoist when not in use.
- Competencies of staff, carers and relatives who are to operate the hoist.
- Access to a power point to charge the battery. Assumption is often made that wiring within the house is okay for re-charging.
- The referrer is responsible for ensuring that whatever hoist is ordered is suitable for the client for whom it is intended and can be used in a safe and correct manner.

- Ensure wires running underneath electric beds are out of the way, the hoist may damage these cables by running over them.
- Split level accommodation. Hoists should never be used to go down steps.
- If the hoist is to be manoeuvred up/down a slope, the use of two carers is recommended.
- Electric hoists are not to be used in a shower.
- Hoists are not to be charged in the bathroom or shower room.
- Width of the hoist will need to be checked to ensure it goes through doorways.
- Hoists can be used upstairs but they must not be transported up and down the stairs.

Battery Charging

- Always keep the battery fully charged. Place the hoist on charge whenever it is not in use.
- Never run the battery completely flat as this may prevent it from being able to be charged.
- Never store the hoist for long periods without regular charging.
- Always make sure the mains power to the charger is switched off before connecting or disconnecting the charger to or from the hoist.
- Never disconnect the charger plug by pulling on the cable. This will snap the cable leaving you unable to charge the battery.

There are several ways of charging your hoist depending on which one you have. If you are unsure in any way please contact the equipment service for advice.

Elms Code

- Elf 127 – L002
- Delta 150 – L001
- Porta 127 – L005
- Porta 150 – L012
- Porta 155 – L016

Feature of Hoist	Porta 127/130	Elf 127	Porta 150/155	Delta 150	Porta 175/180
Maximum lifting capacity	127kg/20st 130kg/20 ½ st	127kg/20st	150kg/23st 155kg/24st	150kg/23st	175kg/27 ½ st 180kg/28 ½ st
Battery operated	Yes	Yes	Yes	Yes	Yes
Emergency Lowering	Yes	Yes	Yes	Yes	Yes
Can lift from floor	Yes	Yes	Yes	Yes	Yes
Adjustable leg chassis	Foot operated pedal	Hand operated lever	Foot operated lever	Hand operated lever	Foot operated lever
Width of chassis legs open	82cm/32 ½ in	102cm/40in	94cm/37in	115cm/45in	109cm/43in
Width of chassis legs closed	57cm/22 ½ in	60cm/24 in	58cm/23in	60cm/24in	60cm/24in
Clearance available using medium sling	66cm/26in	91cm/36in	Greater than 66cm	97cm/38in	Greater than 66cm
Maximum height of boom	156cm	163½cm /66in	165cm/65in	167cm/66in	168cm/66 ½ in
Minimum height of boom	40cm	32 ½ cm/13in	45cm/17 ½ in	46cm/18in	45cm/17 ½ in
Clearance required under the bed	12cm/5in	12cm/5in	12cm/5in	12cm/5in	12cm/5in

Full Body Sling

Full Body Sling with Head Support

Hammock/Deluxe sling

Long Seat/Recline Sling

Toileting/ Access Sling

Stand Aid Sling

Slings

Full Body Sling

Dimensions

- Available in small (children's), medium, large and extra large
- Medium (universal) will fit clients with an approximate waist / dress size of between 10 – 20

Criteria

- Can be used with majority of clients to aid transfer using portable hoist.
- For slings without head support, the client must have sufficient strength to support their head during transfer.
- Can be used with clients who have had a below knee amputation, but **NOT** to be used with clients who have had an above knee amputation.

Assessment once the sling has been delivered is required.

Considerations

- Size of client.
- Hoist which is being used. The sling must be compatible with the hoist and a risk assessment must be carried out by the prescriber.
- Will easy access to clients clothing be needed. The client can be toileted using this sling but clothing will have to be removed/adjusted before the sling is applied.
- Head control.
- Client comfort.
- Slings with a head support may push the persons head too far forward. Assessment once the sling has been delivered is required.
- Where is the sling going to be fitted onto the client – bed/chair? In sitting, the client needs to be able to sit forward, independently or with assistance so the sling can be fitted.
- Can the sling be easily removed once transfer is complete. It is advisable that the sling doesn't remain in situ as it may compromise tissue integrity.
- One sling per client is standard issue.
- If there are continence issues, two slings may be issued.

Access / Toileting Sling.

Dimensions

- Available in small, medium and large.

Criteria

- For use when easy access to a clients clothing is required. E.g. when toileting.
- Client must have good upper body strength as there is reduced body support.
- Must be replaced with a full body sling if client's upper body strength/muscle tone weakens.
- Specialist assessment by Moving and Handling, OT or District Nurse who have had training with these slings.

Considerations

- Size of client.
- Client comfort and safety – If client has insufficient upper body strength/muscle tone, the sling may cause
- Is easy to apply in sitting and lying.
- The sling can easily be applied by the client independently.
- One sling per client is standard issue.
- Use of the sling must be reviewed as a clients condition changes.

Hammock / Deluxe Sling.

Dimensions

- Available in small, medium and large.

Criteria

- To be issued when assessed that a standard full body sling does not provide adequate support.
- Where the leg extensions on a standard full body sling cannot be kept flat under the thighs.
- Only to be issued to clients who have been assessed using the full body sling.

Considerations

- Client comfort.
- Can be complicated to fit.

- Client should have an assessment by a moving and handling advisor or competent health professional.
- The referrer must ensure that the client and carer are given clear instructions on how to fit and use the sling. If you are unable to do this, **DO NOT ORDER.**

Long Seat Sling.

Dimensions

- Available in small, medium and large.
- Can be available with a commode aperture.

Criteria

- To be used on clients who have an above knee amputation on one leg, or bi-lateral amputee.
- Following assessment, it is deemed that a full body or deluxe sling are unsuitable for the client.

Considerations

- Has to be left in situ whilst patient is sitting.
- Can't be removed whilst sitting in chair.
- If have a sling with a commode aperture, must ensure that is correctly fitted to enable toileting.
- Alternatives are available which need to be specially measured.

Elms Code
Full Body Slings

- Small – L036S
- Medium – L036
- Large – L036L
- Extra Large – L036X

Full Body Sling with Head Support

- Small – L036 SHS
- Medium – L036MHS
- Large – L037HL

Hammock/Deluxe Sling

- Medium – L037 MHHA
- Large – Lo37HLHS

Toileting/Access Sling

- Small – L036TS
- Medium – L036TM
- Large – L036T

Recline/Long Seat

- Medium – L036LSM
- Large – L036LSL

Inspection of Slings.

Inspection to be done once sling has been washed and dried thoroughly.

- Hold sling up for a visual inspection of the fabric.
  Look for: - rips/tears
  - cigarette burns
  - written on with fibre tip pens (can rot fabric)
- Check for loose threads on loops where connected to main fabric of sling.
- Check inside of each individual loop to check for wear and fraying.
- Check outside edges of each loop for fraying and tears.
- Make sure the sling is dried thoroughly, dampness encourages mould growth.
- Velcro – If bald or curling in at edges and difficult to unroll, is unsafe to be issued.
- Ensure Velcro straps are stuck together and not to main fabric of sling when washing, drying and storing.

If any of above are evident, the sling may be unsafe to use. Please contact the equipment service for a replacement.

Beds and Chair Equipment

Beds and Chair Equipment

Adjustable Height Bed

Dimensions and Description

- 6 foot (180cm) length by 3 foot (90cm) width.
- Electric height adjustment between 18 – 30 inches (45 ½ cm – 76cm).
- Metal frame with wooden headboards.
- Braked castors.

Criteria

- Height of patients bed is unsafe for carers to undertake their tasks
- Adaptations are unable to be made to patients own bed.
- Patient requires adjustable height to enable safe transfer in and out of bed with limited or no assistance.
- Use of a manual backrest will be sufficient for patient care.

Considerations

- Room for the bed to be put in place. The driver is not allowed to move any bed or furniture that is in the client's room.
- The bed will need a plug socket to be able to operate.
- Ensure the client/carer/family are aware of the phone number for the equipment service to contact in an emergency.
- Maximum weight limit of 28 stone.
- Care must be taken when using a hoist. Wires underneath the bed must be out of the way, the hoist may damage these if it runs over them.

Cleaning

- Wipe down with hot water and normal detergent.
- Care to be taken when wiping down the motor/handset/or other electrical parts. Damp cloth only to be used.

Elms code – H103

Electric Profiling Bed.

Electric Backrest

Electric Knee Bend

Electric Height Adjustment

Trendelenburg tilt

Dimensions and Description

- 6 foot (180cm) length by 3 foot (90cm) width. (There is an extra 3inches/7 ½ cm required at either end of the bed to accommodate the electrical motors.)
- Electric height adjustment is 12 – 24 inches (30cm – 61cm). Must ensure bed fame is place on lowest bracket to get this height.
- Electric backrest
- Electric knee break (4 section bed)
- Some older model beds will have a manual knee bend section only.
- All models have the Trendelenburg and Reverse Trendelenburg tilt (tilts the whole of the bed frame.

Criteria

- Patient is terminally ill being nursed in bed 18 – 24 hours a day.
- Patient has severely impaired mobility where they are unable to change their position themselves i.e. MS, MND, paralysis.
- Patient has tissue damage and movement in bed will promote pressure relief without carer intervention.
- Patient suffers from respiratory problems and needs to be able to adjust seating position rapidly and a mattress variator is unsuitable.
- Patient is being nursed in bed 18+ hours a day and needs to be able to change position independently due to carer constraints.
- Patient is being PEG fed in bed and needs electric backrest to reduce the risk of aspiration and manual backrest is unable to be used.

Considerations

- Is able to go upstairs if there are no tight turns in the staircase and no stair lifts that will cause an obstruction. The delivery driver will perform their own risk assessment to see if delivery can take place.
- Room for the bed to be put in place. The driver is not allowed to move any bed or furniture that is in the client's room.
- The bed will need a plug socket to be able to operate.
- Ensure the client/carer/family are aware of the phone number for the equipment service to contact in an emergency.
- Maximum weight limit of 28 stone.
- Care must be taken when using a hoist. Wires underneath the bed must be out of the way, the hoist may damage these if it runs over them.
- If a patient can be nursed on a standard hospital bed, even when complex health needs are identified, please DO NOT order a profiling bed. This wastes valuable time and money.

- A 2-section bed (one without an electric knee break) will be delivered as an alternative to a four section bed if none are in stock.

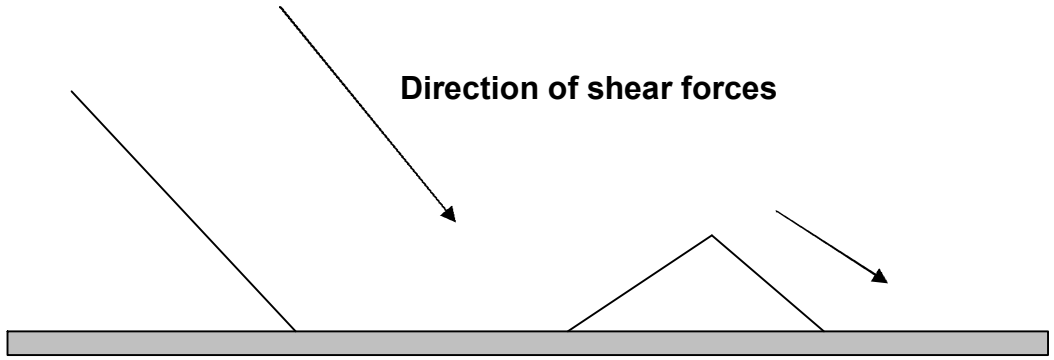
Cleaning

- Wipe down with hot water and normal detergent.
- Care to be taken when wiping down the motor/handset/or other electrical parts. Damp cloth only to be used.

Elms Code

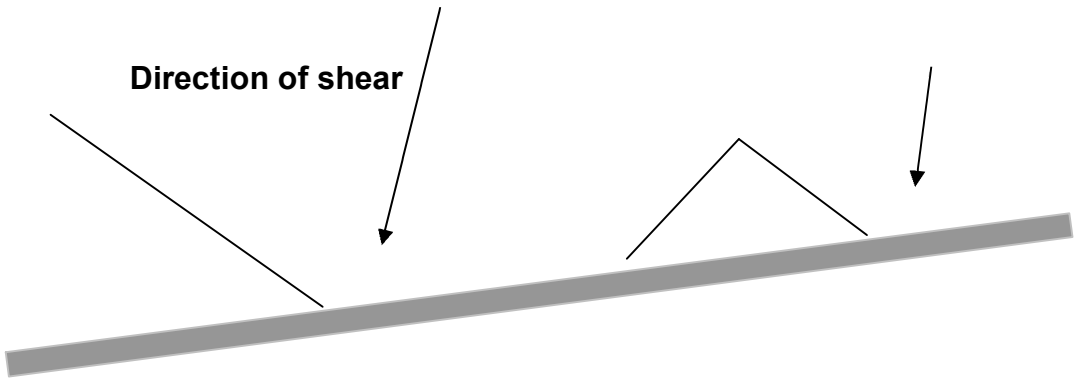
- Fully profiling bed Scan 3858 – H163
- Profiling bed with manual knee bend Scan 3856 – H152

Profiling Bed Instruction Sheet to Reduce Shear Forces



Head end of bed Foot end of bed

Standard Profiling Position



Head end of bed Foot end of bed

Profiling position using Trendelenburg tilt.

Raising the end of the bed and maintaining the profile of the bed reduce the direction of shear. The foot end of the bed only needs to be raised approx 6-8 inches above the flat level. This is done using the Trendelenburg or Tilt facility.

To aid correct positioning the knee bend facility of the bed should be raised first **before** the backrest, as this will reduce shear forces during positioning.

Backrest.

Lowest and highest position.

Description

- Tubular steel frame with a nylon fabric support section
- A support bar slots into four set positions on the base frame to alter the angle.

Criteria

- Suitable for clients who spend long periods in bed in an upright position.

Considerations

- Bed must have a headboard to prevent the backrest from slipping off the bed.
- The backrest will tilt upwards if there is a gap between the mattress and headboard.
- Pillows must be used with the backrest.
- The backrest can be used on top of a standard mattress or if the client has an overlay mattress, it can be placed underneath this.
- The backrest should not be adjusted with the clients weight pressing down on it. This is a moving and handling risk to the carer/family/nurse.
- Frame should be checked for signs of extensive rust. This could cause an infection control problem if the client has open wounds.
- Check fabric for signs of fraying or loose stitching which would make the fabric weaker and unsafe.

Cleaning

- Can be wiped down using soap/mild detergent and hot water.

Elms Code - H154

Bed Cradle.

Description

- Tubular steel frame which fits between the mattress and the bed base and supports the weight of the bed clothes.

Criteria

- The client is unable to tolerate the weight of bed clothes e.g. arthritis sufferers.
- The client suffers from leg ulcers.
- The client has undergone foot or lower limb surgery.
- Only to be used at the foot end of the bed.

Considerations

- Risk of client knocking the frame causing damage to skin on feet or legs.
- Clients feet and legs may be left cold.
- The position of the frame should be checked frequently to ensure it is still firmly secured underneath the mattress.
- Frame should be checked for signs of extensive rust. This could cause an infection control problem if the client has open wounds.

Elms Code – H156

Cot Sides / Bed rails.

Description.

- 3 Bar and 4 Bar available.
- Length is adjustable.
- Tubular steel frame.
- Fit only onto hospital bed frames issued from the Equipment Service.

Criteria

- To prevent harm occurring to the client if the client has a history of falling out of bed, and in the assessors opinion, the risk of falling out of bed is greater than the risk of entrapment or injury from the use of bed rails.
- Should only be used when all other methods of managing the identified problem is considered to be unsuitable.

Considerations

* * HEALTH AND SAFETY WARNING * *

* * PLEASE READ SEPARATE GUIDELINES * *

Elms Code

- 3 bar bed rails – H153
- 4 bar bed rails – H153A

Lifting Pole

Description.

- Can be freestanding or attached to the bed.

Criteria

- To aid independent movement within the bed.
- To assist carers with moving and handling procedures within the bed.
- Client must have good upper body and arm strength/muscle tone.

Considerations

- Under bed clearance for freestanding pole.
- Over bed height clearance.
- Will the overhang of the pole get in the way of any other procedures.
- Improper use e.g. swinging from the pole can damage it making it unsafe to use. Clients and carers must be shown how to use the lifting pole correctly.
- Maximum weight limit of 15 stone.

Elms Code

- Free standing Lifting pole – H100
- Lifting pole for Profiling bed – H100A

Over Bed/Chair Table

Dimensions

- Available with or without wheels.
- Adjustable height - 23 ½ inches to 36 inches for static table
  - 26 inches to 40 ½ inches for mobile table
- Table top size 24 inches X 18 inches

Criteria

- Client has restricted mobility / is left alone at meal times / is nursed in bed or chair, and requires a suitable surface from which to eat.
- Client is left alone for long periods and requires easy access to food, drinks telephone etc.

Considerations

- Will the client be able to move the table away from themselves to enable mobility or transfer?
- If hot drinks and food are to be left on the table, consider whether the client will be safe.
- Clearance under the bed or chair will be required.
- Will the table be able to move freely across the floor surface by the client or will it require assistance from another person?
- Will the client be able to adjust the height of the table surface or will there be a carer who can do this?
- Table top can be tilted to enable the client to read newspapers, books etc.

- The table should not be given for convenience for the user if independent movement or safely assisted transfer is possible.
- The table should not be used to bear the clients weight e.g. they should not lean on it or use it for support when standing.

Cleaning and Safety Within the Home

- Wipe down with damp cloth and mild detergent.
- Periodically check the frame for any cracks or signs of rust and report to the Equipment Service to receive an exchange.
- Ensure the castors are free from dirt or fibres (these can affect movement) and are secure within the frame. If castors are broken or need repair, contact the Equipment Service.
- Inspect regularly to ensure height adjustment fixings are tight and secure.

Elms code

- Without wheels – H001
- With wheels – H001A

Perching Stools

Without Back and Arms

Dimensions

- Adjustable height from 20 inches to 26 inches
- Seat width 19 inches
- Seat depth 20 inches

Criteria

- For clients who, due to their medical condition are unsteady on their feet, have balance problems, tire quickly when standing or are unable to stand long enough to carry out tasks.
- To be provided as an aid to performing tasks which are usually performed in the standing position e.g. ironing, washing, cooking, shaving.

Considerations

- Weight of client – maximum user weight is 24 stone.
- Height required. Stool must be set at the correct height in order for safe and correct use for the client. This should be specified on your order form.
- Correct measurement should be from the floor to the top of the front of the seat.
- Will the perching stool be needed in different rooms or on different floors of the property?
- More than one perching stool may be required.

- Consider the space within the property / rooms in which the stool is to be used.
- Will the stool become a tripping hazard?
- Does your client have sufficient sitting balance to use a stool with no back or arms? If not, stools with back and arms are available.
- All legs must be adjusted to the same height so the seat remains on a tilt and is not flat. Flat seat stools are available.
- Client must be taught how to sit on the perching stool correctly.
- Can the client move the stool to the required working position? If not, mobile stools are available.

Cleaning and Safety Within the Home

- Wipe down with damp cloth and mild detergent.
- Periodically check the frame for any cracks or signs of rust and report to the Equipment Service to receive an exchange.
- Check that all legs have rubber ferrules on which are secure and with a good tread.
- Check that pin clips are secured with no metal part protruding on the outside which could catch on the client's skin.
- If seat pad is split on delivery or becomes split with continued use, report to the Equipment Service to receive an exchange.

Elms Code – H003

With Back and Arms

Dimensions

- As previous
- Backrest height – 13 inches.

Criteria

- As previous
- Client requires extra support whilst sitting.
- Client requires the arms in order to push themselves into a standing position.

Considerations

- As previous.
- Perching stool is at risk of tipping if weight is only put through one of the arms when getting into a standing position.

Cleaning and Safety Within the Home

- Wipe down with damp cloth and mild detergent.
- Periodically check the frame for any cracks or signs of rust and report to the Equipment Service to receive an exchange.
- Check that all legs have rubber ferrules on which are secure and with a good tread.
- Check that pin clips are secured with no metal part protruding on the outside which could catch on the client's skin.
- If seat pad is split on delivery or becomes split with continued use, report to the Equipment Service to receive an exchange.

Elms Code – H002

Mobile Perching Stool

Dimensions

- Adjustable height from 21 ¼ inches to 27 ¼ inches.
- Seat width 17 ¾ inches
- Seat depth 14 ¼ inches.
- Has a detachable back.
- Footprint 21 ¼ inches x 19 ¾ inches.

Criteria

- As previous
- Client is unable to move a static perching stool in order to move it between rooms, or work areas within the same room e.g. kitchen, or to gain access to personal items within the property.

Considerations

- Weigh of client – maximum user weight – 17 stone.
- As previous
- Client must be able to take the weight of the perching stool whilst moving around the property.
- The perching stool must not be used as a walking aid.
- Client must be taught how to sit on the perching stool correctly.
- Perching stool is at risk of tipping if weight is only put through one of the arms when getting into a standing position.

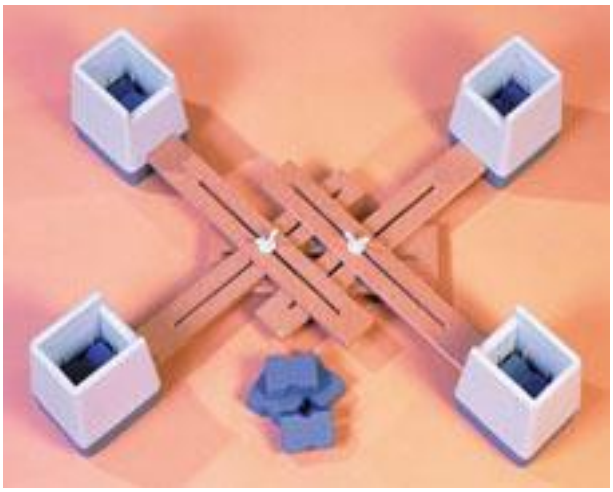
Cleaning and Safety Within the Home

- Wipe down with damp cloth and mild detergent.
- Periodically check the frame for any cracks or signs of rust and report to the Equipment Service to receive an exchange.
- Check that all legs have rubber ferrules on which are secure and with a good tread.

- Check that pin clips are secured with no metal part protruding on the outside which could catch on the client's skin.
- If seat pad is split on delivery or becomes split with continued use, report to the Equipment Service to receive an exchange.
- Ensure the castors are free from dirt or fibres (these can affect movement) and are secure within the frame. If castors are broken or need repair, contact the Equipment Service.

Elms Code – H003A

Chair Raisers



Chair Raising Unit (CRU) JLP125PI and Height adjustment blocks

Dimensions

- Comes as a unit of four feet, two screws and wing nuts, and a spreader bar.
- Gives a 2 inch raise to the chair.
- Height adjustment blocks can be added inside of each foot to give a 3 or 4 inch raise to the chair.

Criteria

- For clients who are unable to rise from, or have difficulty rising from their chair due to its height.
- Only suitable for chairs with legs.
- For clients who had had a total hip replacement to prevent the hip from over- flexing when getting in/out of chair.

Considerations

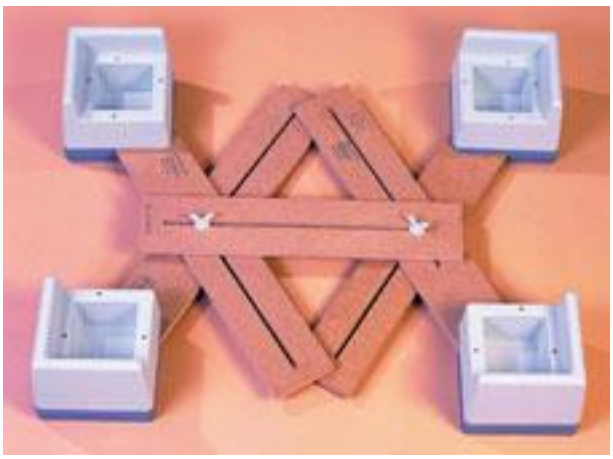
- Maximum size of chair they can fit is 31 inches x 27 inches.
- Weight of client – maximum user weight is 78 stone, however, this does include the weight of the furniture as well.
- Ensure the CRU is the right one for the chair to be raised.
- Assessment of the clients' ability to stand and of the ability of the carer if assistance is required is essential.
- The height of the chair. Correct height adjustment will ensure the clients safety and ability to rise into standing. A chair that is too high can compromise peripheral circulation and postural stability.
- Ensure the chair is stable once the CRU has been fitted.

- Once the CRU is fitted, does the chair need to be moved by the client and will the CRU stay in position.
- CRU's should not be used with reclining chairs or rocking chairs.
- Is their space available within the room for the CRU to be fitted by the driver?
- The CRU can become a tripping hazard.
- Encourage your client to use upper body strength and use the armrests to compensate for lower body weakness.
- The increase in height can decrease muscle and joint forces on the hips and knees.
- Risk assessment for fitting is required e.g. whether it will require two people.

Cleaning and Safety Within the Home

- Unit should be wiped down with damp cloth and mild detergent.
- Unit should never be immersed in water as this ruins the integrity of the wood.
- Ensure the feet of the unit are positioned correctly and are not sticking out.
- Ensure the wing nuts are tightened sufficiently to prevent movement of the unit.
- The piece of furniture that has been raised may move on laminate or shiny floors. Langham recommend the use of a mesh type non-slip material. Solid non-slip material e.g. Dycem should not be used.

Elms Code – H016A



Armchair raising unit

Dimensions

- Comes as a unit of four feet, two screws and wing nuts, and a spreader bar.
- Two heights of Arm CRU available at 3 inches (K20) or 5 inches (K20L).
- Designed for chairs with castors
- Has a lip that the arm chair sits on and a well that the leg or castor sits in.

Criteria

- For clients who are unable to rise from, or have difficulty rising from their chair due to its height.
- Chair requires rising to allow access for a mobile hoist.
- Suitable for armchairs with or without castors.

Considerations

- As Chair Raising Unit
- Maximum size of chair it can fit is 39 inches x 42 inches.

Cleaning and Safety Within the Home

- As Chair Raising Unit.

Elms Code

- 3 inch raiser – H014
- 5 inch raiser – H015

Bed Raisers

Leg Bed Raising Unit NLP129 and height adjustment blocks

Dimensions

- Come as a unit of two pairs of feet which are attached by a wooden plinth and one screw and wing nut.
- Will fit beds up to 57 1/2 inches in width.
- Unit on its own raises the bed 2 ½ inches.
- Height adjustment blocks can be added (same as CRU) to increase height to 3 ½ inches and 4 ½ inches.

Criteria

- For clients who are unable to rise from, or have difficulty rising from the edge of their bed due to its height.
- Bed requires raising to allow access for a mobile hoist.
- Only suitable for beds with legs.
- For clients who had had a total hip replacement to prevent the hip from over- flexing when getting in/out of bed.
- To assist in independent transfers when the bed needs to be at the same height as a wheelchair/commode etc.
- To assist carer/family to care for or transfer client at a safe height.

Considerations

- Weight of the bed and client – maximum user weight 78 stone including the bed.
- Ensure the bed raiser is the right one for the bed to be raised.
- Assessment of the clients' ability to stand and of the ability of the carer if assistance is required is essential.
- The height of the bed. Correct height adjustment will ensure the clients safety and ability to rise into standing. The height raised should be measured from the floor.
- Ensure the bed is stable once the bed raiser has been fitted.
- Once the bed raiser has been fitted, does the bed need to be moved by the client and will the raiser unit stay in position.

- The foot print of the raiser unit has been enlarged to increase stability. This must be placed correctly underneath the bed when fitting or it could pose a tripping hazard.
- Is their space available within the room for the bed raiser to be fitted by the driver?
- Does it need to be fitted to a single or double bed?
- Ensure all legs are raised to the same height.

Cleaning and Safety Within the Home

- Unit should be wiped down with damp cloth and mild detergent.
- Unit should never be immersed in water as this ruins the integrity of the wood.
- Ensure the feet of the unit are positioned correctly and are not sticking out.
- Ensure the wing nuts are tightened sufficiently to prevent movement of the unit.

Elms Code – H045A

Divan Bed Raisers
K5S Single divan raiser 5”
K5SL Single divan raiser 3”
K5D Double divan raiser 5”
K5DL Double divan raiser 3”

Dimensions

- Single and double bed size available.
- Single size – minimum extension is 31 inches width, maximum extension is 45 inches width
- Double size – minimum extension is 37 inches width, maximum extension is 57 ½ inches width.
- Two heights of divan bed raisers are available at 3 inches or 5 inches.
- Has a lip that the arm chair sits on and a well that the castor sits in.
- If the bed has castors in the centre of the bed, these must be supported by a centre divan support.

Criteria

- As previous
- Suitable only for divan style beds with castors.

Considerations

- As previous.
- All castors on the bed must have a raiser placed underneath them.
- Correct height adjustment will ensure the clients safety and ability to rise into standing. You must deduct the height of the castor from the height of the raiser to confirm the height of raise achieved.

Cleaning and Safety Within the Home

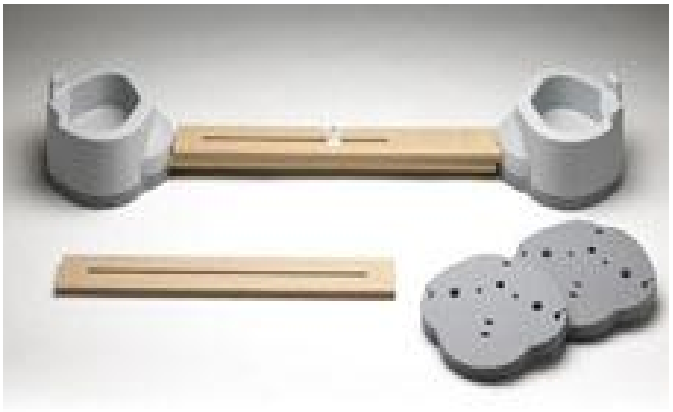
- Unit should be wiped down with damp cloth and mild detergent.

- Unit should never be immersed in water as this ruins the integrity of the wood.
- Ensure the feet of the unit are positioned correctly and are not sticking out.
- Ensure the wing nuts are tightened sufficiently to prevent movement of the unit.

Elms Code

- 3 inch bed raiser divan – H041
- 5 inch bed raiser divan – H043
- 3 inch centre support – H041A
- 5 inch centre support – H043A

Multi Purpose Raisers (MPR)



Dimensions

- Come as one pair of feet.
- Separate sections include spreader bar, and base/clip-on sections.
- The foot section on its own raises the piece of furniture by 3 inches.
- Each clip on section is ¾ inch high raising the height to 3 ¾ , 4 ½, 5 ¼ , or 6 inches.
- MPR's can be fitted to armchairs, settees, single or double divan beds.

Criteria

- As for Chair and Bed Raisers.
- For furniture with unusual shaped legs or unusual shaped corners.

Considerations

- As for Chair and Bed Raisers.
- When fitting to a chair or a two seater/small settee, an extra long spreader bar should be used to link all four feet together for extra stability.

- When fitting to a three seater settee, as well as raising the four corners, a third pair of feet should be used to support the middle of the settee regardless of whether castors are present.
- No more than four clip-on sections per foot should be used without seeking specialist advice from Langham Tel. 01332 850 277
- The pivoting head of the foot allows for a more snug fit to the corner of the chair. If any part is protruding causing a tripping hazard, another kind of raising unit should be used.

Cleaning and Safety Within the Home

- As for Chair and Bed Raisers.

Elms Code

- Multi Purpose Raiser (2 feet) – H015A
- Spreader Bar – H105B
- Base sections – H105C

Bed Lever

Easyleaver bed lever

Dimensions

- Width 14 ½ inches, heavy duty version – 17 ½ inches
- Length 24 ½ inches, heavy duty version – 31 inches
- Handle height 18 ½ inches
- Secured in position with two blue straps which fit around the bed base.
- Pin clip secures the handle to the base section.

Criteria

- Client requires support to; turn over in bed, get from lying to sitting, transfer on/off bed independently or with minimal assistance.
- Client must have some upper body strength in order to use the equipment.

Considerations

- Weight of client – maximum user weight is 17 stone. Heavy duty model available with maximum user weight of 25 stone dimensions are different

- Compatibility with the bed. The bed lever pictured above will fit flat based beds only e.g. divan beds.
- Not to be used on beds with wire mesh, metal or plastic sheet bases, or any bed base that the lever may slip on.

- Needs to be in the right position on the bed to be used effectively by the client. Normally in line with the clients hips or shoulder.
- Assessment of client using the equipment is essential. Will be able to identify any joint problems, range of movement, reach capacity, ability to move body weight.
- **NOT TO BE USED AS A BED RAIL.** This piece of equipment is not designed to prevent people from falling from the bed.
- Assess for risk of entrapment from the spaces in the metal bars.
- Will the bed lever prevent access to bedside table?
- The bed lever may prevent access to under bed storage due to the straps being secured around the bed base.
- Will the bed lever need to be removed to change bedding? Need to give adequate advice for re-fitting and check understanding.
- It will fit a double bed.
- Trailing straps may cause a tripping hazard; ensure they are safely tucked away under the bed.
- This bed lever cannot be used on profiling beds. Grab rails are available as an accessory for profiling beds provided by the Community Equipment Service.
- Not suitable with mattresses less than 3 inches thick.

Cleaning and Safety Within the Home

- Frame can be wiped down with a damp cloth and mild detergent.
- Ensure the straps are pulled tight to prevent movement of the bed lever.
- Periodically check the straps for fraying or twisting and the frame for signs of excessive rust.
- Check that the pin clip is secured with no metal part protruding on the outside which could catch on the clients skin.
- If any part of the equipment has broken, rusted or frayed, contact the Equipment Service for a replacement.

Elms Code

- Standard – H048
- Heavy Duty – H047A

Easyrail bed lever

Dimensions

- Width – 17 ½ inches
- Length – 26 ½ inches
- Handle height 18 ½ inches
- Pin clip secures the handle to the base section.

Criteria

- As Easyleaver bed lever
- To be used on beds where the mattress sits within a frame e.g. pine slatted beds

Considerations

- Maximum user weight is 20 stone.
- As Easyleaver bed lever.

When ordering a bed lever, specify whether it is for a divan bed or a pine slatted bed.

Elms code – H048B

Standard Mattress Variator

Alaska Mattress Variator

Dimensions

- Minimum height – 6 inches
- Minimum frame width - 36 inches.
- Maximum frame width – 54 inches
- Maximum angle of lift – 85 degrees.
- Secured in place by a number of straps which fit around the mattress and bed base.

Criteria

- Client has difficulty in moving between lying and sitting whilst in bed and is unable to use a bed lever to assist.
- To aid independent movement whilst in bed and in transfer in/out of bed and is unable to use a bed lever.
- Client suffers from breathing difficulties or is peg fed and needs to adjust seating/lying position independently in an emergency.
- Carers need assistance in the moving and handling of a client whilst in bed.

Considerations

- Weight of client – Maximum user weight is 20 stone, upper body weight, where upper body weight is equal to 60% of total body weight. If being used on a double bed with two occupants, consider combined upper body weight.
- Size of the bed. The Alaska will fit up to a king size bed.
- The type of bed. It may not fit onto a pine framed bed and mesh based beds may need a board fitting underneath the elevator.

- The type of mattress. Highly sprung orthopaedic types and ones with continuous wire edging are incompatible because they are difficult to bend. The person ordering the equipment should check with Centromed and the supplier of the air pressure mattress to check compatibility.
- The mattress will not lie completely flat due to the motor.
- Access to under bed storage will be affected by the securing straps.
- Prolonged use will affect the integrity of the mattress and may cause irreparable damage. The client will be responsible for replacing the mattress. They are recommended to contact Centromed for advice on compatible mattresses if replacing their own mattress. Tel 01233 635 353.
- If the mattress is incompatible, a pillow lift may be considered. However a careful risk assessment must be undertaken as there are more entrapment risks.
- There is an entrapment risk with the gaps created when in an elevated position. The client, family and carers must be aware of this.
- Movement of the backrest may encourage sliding down the bed causing shear and friction on certain parts of the body. If this is a problem, consider an elevator with an integral knee break or a foot stopper. These would be considered as a special purchase.
- Good sitting balance is required.
- Safe access to an electrical socket is required, preferably with no trailing wires.
- Trailing straps may cause a tripping hazard; ensure they are safely tucked away under the bed.
- Will the client be able to use the hand control or is an alternative required?
- Will bedding be able to be changed?
- If the variator is to be removed from the bed will the patient/family/carer be able to refit it?
- Back up batteries in the handset require changing every 12 months. The client must be informed of this by the person ordering the equipment.
- Access to bedside table – can this still be achieved safely or is rearrangement of furniture required?
- Electric underblankets should not be used.
- Pillow clips are available to prevent the pillows from falling down when in the elevated position.
- A risk assessment for the delivery and fitting of the variator should be carried out.

Cleaning and Maintenance Within the Home

- Wipe down frame with damp cloth to remove any dust or dirt. Ensure it is switched off and unplugged before doing this.
- The fabric straps can be machine washed but you must ensure they are secured back onto the metal frame in the correct position.
- Check all parts for signs of rust or corrosion.
- A yearly service and PAT Test will be carried out by the Community Equipment Service.
- For any failure with the equipment, contact the Equipment Service for repair.

Elms Code – H059B

Dream Master Variator

Dimensions/Description

- Electric backrest with integral knee break.
- Angle of backrest - 5 degree to 85 degree elevation.
- Weighs 8.5 kg / 18.7 pounds.
- Width adjustable from 2 feet 6 inches – 5 feet (765 – 1524mm)
- Overall Length – 76.5 cm / 30 inches
- Angle of Knee break – 4 degrees to 13 degrees.

Criteria

- **See Standard Mattress Variator**
- For clients who have existing pressure area damage and use of a standard mattress variator would exacerbate shear forces on the skin due to sliding down the bed.
- For clients who have tried the standard variator and are experiencing severe sliding down the bed and are unable to reposition themselves independently.
- For clients who require the use of a variator and grab handle.

Considerations

- **See Standard Mattress Variator**
- Maximum User weight – 40 stone, total body weight, where upper body weight is equal to 60% of total body weight. If being used on a double bed with two occupants, consider combined upper body weight.
- Grab handles available to fit to the frame of the variator to enable independent movement in bed.
- Has emergency battery backup in control box. Batteries must be changed every 12 months.

Cleaning and Maintenance Within the Home

- **See Standard Mattress Variator.**

Elms Code – Dream Master Variator H226
- Left grab handle – H227
- Right grab handle – H228

Side Wedges with Draw Sheet

Dimensions/Description

- Polyurethane covered drawsheet held in place by straps and quick release buckles.
- Foam wedges then attached by velcro.
- Wedge is 90cm long by 20cm high.

Criteria

- Alternative to bed rails after completing risk assessment.
- To prevent harm occurring to the client if the client has a history of falling out of bed

Considerations

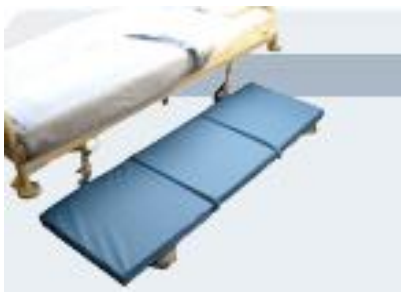
- Can be used on patients own mattress or static mattresses provided by the Community Equipment Service.
- Cannot be used on air mattresses.
- Must be fitted correctly to avoid entrapment risk. Drivers from the Equipment Service will do this for you.
- One or two sets can be used on the bed.
- If using on a profiling bed, must be positioned so backrest can still be elevated without dislodging the wedge.
- Close observation of client must still continue to ensure their safety in bed.
- Bed sheets can be placed over the top of the drawsheet and wedges or underneath.
- Monitor skin integrity if patient at risk of pressure damage.
- Please refer to Bed Rail Guidance for further information about contra-indications for bed safety equipment.

Cleaning

- Wipe down wedges and drawsheet with damp cloth.
- Drawsheet can be machined washed at 40 degrees if soiled.

Elms code – H155B

Fall Out / Crash Mat



Description

- High density foam with wipe down cover.
- Heavy duty straps for carrying.
- Folds for easy storage.

Criteria

- To be used for clients who are at risk of falling from the bed and other types of bed management have failed or are contraindicated, to reduce the risk of injury.

Considerations

- When placed on the floor it can become a tripping hazard.
- Who will be moving the mat and will they be able to do this?
- If client does fall on the mat, how are you going to lift them back on the bed? If they require hoisting you may not be able to get the legs of the hoist around the client.
- If you find the fall out mat too heavy to move, a standard hospital mattress can be placed on the floor to reduce risk of injury. This will not fold up for easy storage.

Cleaning and Maintenance Within the Home

- Wipe down with normal detergent and warm water.
- **Do not use bleach or any alcohol based cleaners.**
- Check cover for any rips/tears – if pose a risk please contact the Equipment Service for a replacement.

On Bed Sensor Mat Alarm

Dimensions

- 198 x 63cm (New Model)
- Approximately 1cm thick
- Supplied with transmitter and radio linked pager and one set of batteries.

Criteria

- To assist carers in their own home when clients are prone to wandering or falling from the bed and other bed safety management systems have failed or are contra-indicated.

Considerations

- New instructions to place this mat underneath the clients own mattress.
- If fails to work underneath mattress, place underneath the clients bed sheets.
- New model is the size of a single bed. If client sleeps in a double bed, place mat in position where patient is most likely to sleep. Two mats are unable to be provided due to cost issues.
- Must be a safe/stable place next to the bed for the transmitter to be positioned.
- You must remember to turn the pager and transmitter off when the client is not in the bed. Failure to do this will mean the batteries will out.

Cleaning and Maintenance Within the Home

- Wipe down with damp cloth only.
- If client has continence issues, it will need to be protected with a waterproof sheet.
- Batteries will need to be checked and changed on a regular basis.

Elms Code – H056B

Riser / Recliner Chairs

Criteria

- This item can only be supplied by Social Services Occupational Therapists.
- Criteria from Occupational Therapy Department is as follows

    - The client must have a permanent and substantial impairment
    - The client experiences difficulty/is unable to use a standard chair with adaptations.
    - The client should be able to operate the equipment safely.
    - The provision of the chair will enable the client to maintain their seating position.
    - May be considered as an alternative to a bed if there is insufficient space to accommodate a single bed on the ground floor.
    - May be considered as an alternative to a bed if bed equipment will not resolve the problems and provision of the chair will maintain independence – **a chair will not be issued because a bed is not suitable for equipment.**

Considerations

- Risk of entrapment when chair is in the raised position. Care should be taken if there are pets or small children in the property.
- Risk of falls should be considered for clients who have poor balance when chair is coming into its raised position.
- The client may be able to access Community Care Grant (SF300) to purchase a suitable chair if they are in receipt of income support.
- Information about different types of chair available and suppliers is available via the Disabled Living Centre. You may also be assessed for a suitable chair if you book into a dedicated chair assessment day.
- The NHS Continuing Care Fund will only provide specialist seating when there is an identified health/medical need that requires medical/nursing intervention. They will not provide standard sized riser / recliner chairs or chairs that are just for functional use. Specialist seating would include – bariatric sized, integrated pressure relief if patient unable to be nursed in bed, chairs that have to be made to measure and wouldn't be able to be transferred to another patient.

If you feel your client fits the criteria for a chair through Social Services, please refer to Occupational Therapy through Careline – 0151 233 3019.

Mattresses, Cushions and Other Pressure Care Products

Pressure Care Products

General Considerations When Ordering a Mattress.

- Ensure the mattress you order is the right specification for your client. If you are unsure in any way, do not order and seek further advice.
- Safety of the client. Height of bed with an overlay on top may be a problem with some clients, also if a client is sleeping in a double bed, is it safe to have an overlay on top. An assessment once the equipment has been delivered must be carried out.
- If the client has cot sides, the extra height of an overlay will make them unsafe. You will need extra high cot sides.
- Avoid the use of additional covers or pads between the patient and mattress as this will reduce the effectiveness of it.
- It is advised that the client or clients family **DO NOT SMOKE** whilst lying or sitting on these mattresses.
- Weight of the client. If your client is underweight and has bony prominences they may find an air mattress too hard and uncomfortable. With air mattresses, if the client weighs less than the specified minimum weight, the mattress will not be effective. The pressure within the cells will be too great for the client, increasing the risk of further pressure damage.
- Overlays must be used on top of your own or standard mattress.
- Replacement mattresses go directly on the bed base.
- Mattress variators can only be used with static foam mattresses.
- Foam overlays can be placed on top of mattress variators but you are not able to use any air mattresses with them.
- Some foam mattresses require rotation to prevent bottoming out, when assessing for a mattress variator that straps to the mattress this must be taken into consideration.
- All electric air mattresses will need an electrical socket near to the bed.
- On all static and air mattresses, the client will still need to reposition themselves on a regular basis if able.
- The alternating motion of an air mattress may not be suitable for your client, especially if they are already suffering from nausea.
- If a child has a sleep system, these can only be placed on top of a static foam mattress.

- For any faults that may occur, you must ensure that the client/family/carers are aware of the phone number of the equipment service to report to.
- **All mattresses should be part of your treatment care plan and be reviewed on a 3 month basis. This is to ensure that mattresses are upgraded or downgraded as required, and the Equipment Service has sufficient stock to meet the demands of the patients in Liverpool.**

Cleaning

- Wipe down with normal detergent and warm water.
- **Do not use bleach or any alcohol based cleaners.**
- Cover can be removed and machine washed if heavily soiled.

Standard Hospital Mattress.

Dimensions

- 6 foot length (180cm) by 3 foot (90cm) width by 5 inch (12 ½ cm) depth

Criteria

- To be issued with any hospital bed frame that is delivered if an alternative mattress is not ordered.
- Will not be given to someone who does not own there own mattress.

Considerations

- Will not give any pressure reduction to the client.
- Need to be rotated (head to toe) on a monthly basis to prevent bottoming out.
- No need for mattress to be turned over.

Elms Code – H150

Memaflex Replacement Mattress.

Dimensions and Description

- 6 foot (180cm) length by 3 foot (90cm) width by 6 inch (15cm) depth.
- Is a visco-elastic foam. Also known as a "Memory Foam" as it remembers its shape once pressure has been removed.
- Modular foam construction.
- The mattress distributes weight more evenly by moulding to the body shape and maximizing the skin contact area.

Criteria

- To be used as your first line of treatment in pressure area care.
- Is the minimum provision for anyone identified as being at risk of developing pressure ulcers.
- Is the minimum provision for anyone with a grade one to two pressure ulcer.
-

Considerations

- It is a replacement mattress that goes directly onto the bed base.
- If the exterior/room temperature is cold, the mattress can go hard. It will become more flexible with the clients own body heat and house heating.
- To be considered for palliative care clients where no pressure damage is present to offer maximum comfort for them. An alternating system is not always acceptable and suitable.
- Upper weight limit of approximately 22 stone.

Elms Code – P013

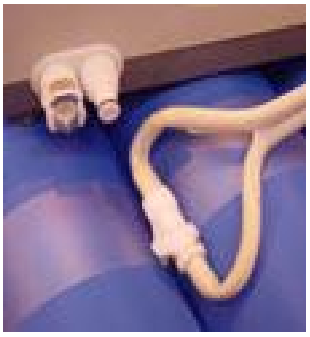
Alternating Pressure Mattresses.

- An alternating pressure mattress offers pressure relief to the client, as opposed to pressure reduction given from the static foam mattresses.
- Each mattress has a series of cells which inflate and deflate using a pump on an alternating cycle giving pressure relief to certain parts of the body at certain times.
- The pump requires mains electricity to pump the air through the cells.
- These mattresses are to be used as part of a treatment care plan to aid the healing of pressure ulcers. Once treatment is complete, a down grade to a pressure reducing mattress is required to prevent reoccurrence of the pressure sore.
- The client must be involved in the decision making process of the care plan and must understand that the mattress will be a short term loan until treatment is complete.
- As these items are of high value and high demand, each mattress needs to be reviewed on a regular basis. You may receive a letter reminding you to do this.
- There will be exceptions to the rule where a pressure reducing mattress will not be sufficient to prevent reoccurrence of pressure sores and a pressure relief mattress will be required long term. It must be shown that lower specification of mattresses have been tried and evaluated first before they are issued long term.
- It is advised that the client or clients family **DO NOT SMOKE** whilst lying or sitting on these mattresses
- Each mattress varies slightly according to its manufacturer but is based on the same principle.
- The mattresses are graded according to the risk, and degree of pressure sore of the client. There are 3 classifications of alternating pressure mattresses as follows;

  First Line Intervention – Supreme, Alpha Excell
  Second Line Intervention – Eclipse, Auto Excell, Elite
  Third Line Intervention – Phase, Nimbus II or III

First Line Of Intervention.

Without top cover.



Pump connectors

Dimensions

- All are 6 foot (180cm) length by 3 foot (90cm) width by 4 inch (10cm) depth.
- They are an overlay mattress.

Criteria

- For the treatment of pressure sores up to and including Grade 2 when the client is able to make occasional small changes to their bodies position.
- For long term use when shown that pressure reducing mattresses are ineffective at preventing reoccurrence of pressure sores.

Considerations

- This first line of mattresses are overlays which go on top of a standard hospital mattress or patients own mattress.
- Each of these overlays needs to be manually set to the patients weight.
- See General Considerations

Mattress Specific Details

- **Supreme –** Minimum weight – 6 stone
  Maximum weight – 24 stone
  Manual pressure/weight regulator
- **Alpha Excell –** Minimum weight – 6-7 stone
  Maximum weight – 22 stone
  Static head section
  Manual pressure/weight regulator

Elms Code

- Supreme – P008
- Alph Excell – P001

Second Line of Intervention.

Dimensions

- 6 foot (180cm) length by 3 foot (90cm) width by 5 inch (12 ½ cm) depth.
- Is an overlay mattress.

Criteria

- For the treatment of pressure sores up to and including Grade 3 when the clients mobility is severely limited in bed and would normally require carer intervention to alter position.

Considerations

- This second line of mattresses are also overlays and will require a standard hospital mattress or patients own mattress.
- See General Considerations

Mattress Specific Details

- **Eclipse –** Minimum weight – 5 stone
  Maximum weight – 22 stone
  Manual pressure/weight regulator
  Pressure relieving cushion available.

- **Auto Excell –** Minimum weight – 6-7 stone
  Maximum weight – 32 stone
  Auto-matt sensor pad – automatically adjusts pressure according to clients movement and weight distribution.
- **Elite –** As Eclipse but has a thin layer of viscose foam incorporated so a
  Second mattress underneath is not required.

Elms Code

- Eclipse – P005
- Auto Excell – P002
- Elite – P005B

Third Line of Intervention.

Nimbus mattress and features

Dimensions

- 6 foot (180cm) length by 3 foot (90cm) width by 8-10 inch (20cm-25cm) depth
- This is a replacement mattress.

Criteria

- For the treatment of pressure sores up to and including Grade 4 where the clients mobility is extremely limited and requires carer intervention for all repositioning.
- When the client is bed bound for 24 hours of the day when shown that a pressure reducing mattress or lower grade of pressure relieving mattress is ineffective at preventing pressure sores.

Considerations

- These are replacement mattresses and go directly onto a solid or slated bed base of the clients bed or hospital bed.
- They are not suitable to be placed on a spring bed base.
- Safety of the client. These mattresses are the equivalent of a standard mattress and an overlay on top, the height of the bed may be a problem for the client and carers.
- See General Considerations.

Mattress Specific Details

- **Phase –** Minimum weight – 5-6 stone
  Maximum weight – 35 stone
  Manual pressure/weight regulator
  Static mode – aids stable mobilisation of client and aids nursing procedures.
  Transport facility – seals air into the mattress to enable transport between rooms or use of a cushion with the same pump.
- **Nimbus 2/3 –** Minimum weight – 7 stone
  Maximum weight – 39 stone
  Auto Matt sensor pad - automatically adjusts Pressure according to clients movement and weight distribution.
  Comfort Control
  Transport facility – seals air into the mattress to enable transport between rooms or use of a cushion with the same pump.
  Static mode – aids stable mobilisation of client and aids nursing procedures.

Nimbus 3 has a heel guard section. Elasticated forces pull the cells down to give complete pressure relief. Only useful if patients height is long enough to reach this section.

Elms Code

- Phase – P007
- Nimbus – P003

General Considerations When Ordering a Cushion.

- The type of chair the cushion is to be used on.
- The height of the cushion may bring the client above the arms of the chair making it unsafe for the client.
- Advice regarding safety should be given if the client smokes.
- Avoid the use of additional covers or pads between the client and cushion. This will reduce the effectiveness of the cushion.
- All cushion provided are not recommended for use within wheelchairs. You must refer to the Wheelchair Department if you require specialist seating for a wheelchair.
- The client will still need to reposition themselves on a regular basis if able.

Cleaning

- Wipe down with normal detergent and warm water.
- **Do not use bleach or any alcohol based cleaners.**
- Cover can be removed and machine washed if heavily soiled

Alova Contoured Cushion.

Dimensions and Description

- 18 inch (40 ½ cm) length by 18 inch width by 4 inch (10cm)depth.
- Modular foam design of visco-elastic (memory) foam. Moulds to the clients body shape to distribute their weight more evenly.
- The foam is cut in shape that will aid the distribution of weight but will also offer more stability for the client.
- Has a vapour permeable, waterproof, three way stretch cover.
- Has a slip resistant base.

Criteria

- For clients who are identified as being at medium to high risk of developing pressure sores and it is shown that a propad cushion is insufficient at preventing pressure sores.
- For clients who have existing pressure damage up to Grade 2.

Considerations

- Not recommended for clients who weigh over 15 stone.
- Once pressure areas have improved, the client should then step down to a propad cushion. Reassessment for this should happen every 3 months. You may receive a letter asking you to do this.

Elms Code – P021

Alternating Pressure Cushion.

Dimensions and Description

- 18 inch (40 ½ cm) length by 18 inch width by 4 inch (10cm) depth
- Has a foam base and front section for stability.
- Similar design to the alternating mattress with a series of cells that inflate and deflate.
- Uses the same pump as the mattress or can use a stand alone unit with its own pump.

Criteria

- For clients who have existing pressure sores of grade 2 and above.
- For clients who have the equivalent alternating mattress.
- For clients who spend the majority of time sitting in the chair and don't require a pressure relieving mattress. (Cushion with own pump unit only)

Considerations

- Not recommended for clients who weigh over 16 stone.
- Some cushions use the same pump as the mattress. The client/carers/family/nursing staff must be aware of how to disconnect the mattress and connect the pump.
- Once pressure areas have improved, the client should then step down to a pressure reducing cushion. Reassessment should be every 3 months.

Elms Code – P005A

Heel Boot.

Dimensions and Description

- One size only, will fit all size feet.
- Is a sealed unit filled with air.
- Has a soft outer covering for patient comfort.
- Velcro fastening.

Criteria

- For clients who have grade 2 and above pressure sores on their heels.
- For clients who have no other pressure damage where they would require a dynamic mattress system.
- To be issued in place of a pressure relieving mattress.

Considerations

- They are not safe to walk in. Your client must be able to take the boot off, or, there must be carers or family to remove it.
- They are a one off issue due to the soft outer covering of the boot.
- They can be hand-washed if they become soiled, with warm water and normal detergent.
- The heel must be positioned correctly so when the foot is elevated when sitting, or in the bed, the heel achieves complete pressure relief.
- If the client has other pressure damage present, a mattress system would be advised .

Cleaning

- To be hand-washed in warm water and normal detergent.

Elms Code – P033

Gel Heel Boots

Description

- One size only
- Solid gel boot with a Velcro strap.

Criteria

- For clients who are at risk of developing pressure ulcers on their heels or who have grade 1 pressure ulcers present on heels.

Considerations

- Boots are not able to be walked in as they would be an unstable surface.
- Must ensure that heel fits into the boot correctly and there are no folds or creases in the gel that may contribute to further pressure damage.
- Caution when using scissors or other sharp implements as they could puncture the outer lining.

Cleaning and Safety Within the Home

- Can be wiped down with damp cloth and mild detergent.
- Ensure Velcro is kept clean of dust and fibres as this will have an impact on its effectiveness.

Elms Code – P035

Flexi Gel Pads

Description

- Fluid gel pad with waterproof covering.
- 22cm x 33cm x 5cm
- Weight – 1kg

Criteria

- To be used with clients who have limbs or bony prominences which are at risk of developing pressure ulcers or have already developed grade 1 ulcers to prevent further breakdown.

Considerations

- Gel needs to be manipulated after each use to redistribute the gel evenly in the pad.
- If the client changes position in the bed the pad position will also have to be changed.
- Can be used whilst the client is in bed or in the chair.

Cleaning and Safety Within the Home

- Cover can be wiped down with damp cloth and mild detergent, or removed from the pad and machine washed according to manufacturers instructions.
- The outer cover should protect the inner lining which holds the fluid gel from sharp objects.
- If the inner lining is punctured and gel is leaking out. Contact the Community Equipment Service for a replacement.

Elms Code – P036

Dermal Pads

Dimensions/Description

- 10cm width by 10cm length by 1.2 cm depth
- 10cm width by 10cm length by 0.3cm depth.
- Is a solid gel/polymer that absorbs pressure whilst padding out bony prominences and moulds to the shape of the body.

Criteria

- To be used to reduce pressure on any part of the body except nose or mouth.
- Is not to be used as a primary dressing.

Considerations

- Is for single patient use only.
- It can be cut to size.
- It can be held in position by the patients own clothing, with gauze and tape, with tubifast or other recommended fixing.
- It is non-adherent so there would be no trauma to the skin.
- It can be placed on top of a primary dressing to reduce pressure.
- They are non-toxic and chemically inert.

Cleaning and Safety Within the Home

- If skin reaction occurs, remove immediately and seek medical advice.
- The pads can be washed in warm water with mild detergent. Ensure they are completely dry before reapplying.
- If the Dermal Pads become worn/start breaking up, contact the Community Equipment Service for replacements.

Elms Code – P054

Bathing Equipment

Shower / Bath Boards

Merlin Board

Dimensions

- Comes in three widths – 26, 27, and 28 inches
- Is 9 inches in length (4 slats of plastic).

Criteria

- Client has difficulty stepping over the side of the bath due to stiff joints, poor balance or coordination, weakness.
- Board will facilitate or maintain independence and safety when bathing in conjunction with a bath seat which will allow the user to get to 6/8 inches from the bottom of the bath
- Regular bathing or showering is required due to medical condition e.g. severe skin condition, ileostomy or colostomy care, continence problems.

Considerations

- Weight of the client – maximum weight limit is 30 stone.
- Width of the bath – A bath board appropriate to the width and shape of the bath should be fitted. There must be sufficient bath edge on both sides for the board to rest on. Excessive overhang should be avoided or tipping will occur.
- Can the client lift legs high enough to clear the sides of the bath?
- The use of a bath board requires hip flexion greater than 90 degrees, therefore should not be used post hip replacement during the precautionary period.

- Does the client have sufficient sitting balance for transfer?
- The board should not be fitted to any bath where the rubber bungs or cleats do not come into full contact with the vertical sides of the bath.
- Will the board need to be removed for other people to use the bath?
- Will the client be able to refit and check the bath board after every use?
- Where will the bath board be stored if it has to be taken out of the bath?
- Friction caused when transferring on and off the board can affect the clients tissue viability – use with caution.
- There may be an entrapment risk with the slatted board. Assess the risk of entrapment and ensure client/family/carers are aware of this.
- A non-slip bath mat may be used on the bottom of the bath.
- The board can be used in conjunction with a bath seat.
- Grab rails may be required as extra support and safety.
- If using the board with an overhead shower, ensure shower curtain or towel is placed around the edge of the board to prevent water falling onto the floor.
- Consider using a bath step to enable client to get onto the board, however caution should be used as they are inclined to tip if the foot is not placed centrally and correctly. A risk assessment should be carried out.
- Consider the use of a leg lifter or a handling sling to enable client to lift legs into the bath or to aid a carer to lift legs.
- Consider medication side effects e.g. drowsiness, and advise on the best time to bathe.
- Carefully assess the risk for clients who suffer controlled or uncontrolled movements e.g. epilepsy, Parkinson's. Advise re. safety mechanisms e.g. panic button, always bathe accompanied by a carer.
- This type of bath board is not compatible with corner baths.
- Will the client be able to keep the bath and bath board clean or will there be someone else to do this?

Cleaning and Safety Within the Home

- Wipe down with damp cloth and mild detergent or soapy water. Do not use oils as this can affect the ability of the rubber clamps sticking to the bath.
- Oils and salts may be used for bathing or showering but thorough cleaning and rinsing of the bath board is required after each use.
- Ensure bath board is rinsed after each use and after cleaning.
- Ensure all rubber bungs/screws are in situ. If they have become worn or are absent, this can make the board unsafe to use.

- Ensure all screws can be tightened effectively.
- Check the plastic board for any cracks. These can affect the safety of the board and are also an entrapment risk
- Contact the Equipment Service for a replacement board if required. This can be done by self referral if there is a record on our computer system or by relevant health professional.

Elms Code

- 26 inch – B008
- 27 inch – B009
- 28 inch – B010

Extra Wide Merlin Board

- **Dimensions**
- Comes in three widths – 26, 27, and 28 inches
- Is 15 inches in length (6 slats of plastic).

Criteria

- As standard width board.
- To be used when using an overhead shower to give extra support and stability when sitting.

Considerations

- As standard width board

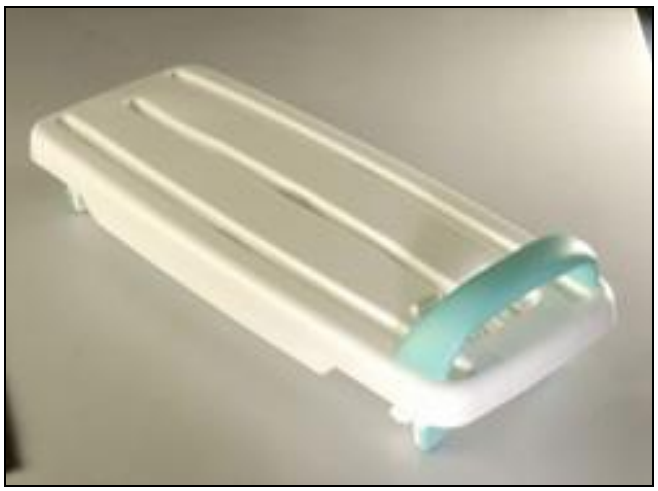
Cleaning and Safety Within the Home

- As standard width board.

Elms Code

- 26 inch – B008A
- 27 inch – B009A
- 28 inch – B010A

Kingfisher Board



Dimensions

- 27 inches width
- 10 ½ inches in depth at its widest point.
- There are four rubber clamps/cleats that are individually adjusted.
- Weight limit is 23 stone.
- Has a handle attached to the board as standard.

Criteria

- As Merlin board.
- Client requires the extra support of grab handle to ensure safe transfer in and out of the bath.

Considerations

- As Merlin board.
- If the handle is up against a wall. Ensure there is enough room for the client to have a secure grip on it.

Cleaning and Safety Within the Home

- As Merlin board.

Elms Code – B019

Bath Seats

Merlin Bath Seat

Dimensions

- Seat size – 11 x 18 inches
- Height – Available in 6, 8, and 12 inches high.

Criteria

- For clients who are having difficulty getting off the bottom of the bath.
- To be used in conjunction with a bath board to prevent falling heavily onto the seat.
- Assessment for bath boards and bath seats should always be carried out first before progressing to larger more complex pieces of equipment.

Considerations

- Weight of the client – maximum weight limit is 25 stones.
- Client must have good upper limb strength in order to lower themselves onto the seat and lift themselves up to the bath board.
- All four suckers must sit onto the flat surface of the bath.
- Suckers will not stick securely to a bath surface that is wet, has soap or bath oil residue, and has an uneven surface or integral non slip surface. The bath surface must be clean

- Has the client enough range of movement and strength to transfer from seat to board?

- The seat must be correctly positioned in relation to the board.
- Will the client be able to straighten their legs in the bath once sat on the seat?
- Consider medication side effects e.g. drowsiness, and advise on the best time to bathe.
- Carefully assess the risk for clients who suffer controlled or uncontrolled movements e.g. epilepsy, Parkinson's. Advise re. safety mechanisms e.g. panic button, always bathe accompanied by a carer.
- The use of a bath seat requires hip flexion greater than 90 degrees, therefore should not be used post hip replacement during the precautionary period.
- There may be an entrapment risk with the slatted board, ensure client/family/carers are aware of this.
- Will the board need to be removed for other people to use the bath? Need to ensure client/family/carers are taught the correct technique.

Cleaning and Safety Within the Home

- Wipe down with damp cloth and mild detergent or soapy water.
- Do not use oils or moisturisers in the bath as this can impair the adhesion of the suction pads.
- Ensure bath board is rinsed after each use and after cleaning.
- Ensure all rubber suckers are in situ. If they have become worn or are absent, this can make the seat unsafe to use.
- Check the plastic seat for any cracks. These can affect the safety of the seat and are also an entrapment risk
- Contact the Equipment Service for a replacement seat if required.

Elms Code – B028

Shower Stool

Dimensions

- Adjustable height – 19 inches to 25 ½ inches
- Arm height – 25 inches to 31 inches
- Width between arms – 18 inches.
- Seat width – 16 ½ inches
- Footprint – 14 ¼ x 22 inches

Criteria

- For clients who are unable to stand whilst showering.
- For clients who are able to sit to stand with minimal or no assistance.

Considerations

- Weight of the client – maximum weight limit is 18 stone
- Does the client have adequate sitting balance?
- Stool is at risk of tipping if weight of the client is only put through one arm.
- Does the shower tray/base have adequate strength to support the equipment? See flat base shower stool if this is in doubt.
- Will the client be able to reach their lower limbs when sitting and washing?
- The height of the stool – specify the height required on your referral.
- Grab rails may be required for extra safety.
- Will there be space available for a carer to provide assistance?

- Use of oils or emollients may make the seat slippery and unsafe for the client.

Cleaning and Safety Within the Home

- Can be wiped down with a damp cloth and mild detergent and then rinsed clean.
- Check that all legs have rubber ferrules on which are secure and with a good tread.
- Check that pin clips are secured with the metal part facing inwards so there is no risk of it catching on the clients skin.
- Periodically check the frame for any cracks or signs of rust and report to the Equipment Service to receive an exchange.

Elms Code – B032

Corner Shower Stool

Dimensions

- Weight limit is 22 stone.

Criteria

- As standard shower stool
- For use in corners only, should not be placed in the middle of a shower tray.

Considerations

- As standard shower stool.

Cleaning and Safety Within the Home

- As standard shower stool

Elms Code – B033

Static Shower Chair

Dimensions

- Adjustable height –16 – 20 inches high
- Overall width – 21 inches
- Overall depth – 19 ½ inches
- Extra wide chairs are available as a special order.
- Weight limit – 20 stone

Criteria.

- For clients who are unable to stand safely in the shower.
- For clients who are able to sit to stand whilst showering with minimal or no assistance.
- For clients who have poor sitting balance and require extra back and arm support.

Considerations

- Weight of the client – maximum weight is 20 stone.
- Chair is at risk of tipping if weight of the client is only put through one arm.
- Does the shower tray/base have adequate strength to support the equipment? See flat base shower chair if this is in doubt.
- Is the shower tray big enough to hold the chair?

- Will the client be able to reach their lower limbs when sitting and washing?
- The height of the chair – specify the height required on your referral.
- Grab rails may be required for extra safety.

- Will there be space available for a carer to provide assistance?
- Use of oils or emollients may make the seat slippery and unsafe for the client.
- Feet should be flat on the floor to prevent excess pressure on the back of the legs.

Cleaning and Safety Within the Home

- Can be wiped down with a damp cloth and mild detergent.
- Check that all legs have rubber ferrules on which are secure and with a good tread.
- Check that pin clips are secured with no metal part protruding on the outside which could catch on the clients skin.
- Periodically check the frame for any cracks or signs of rust and report to the Equipment Service to receive an exchange.

Elms Code – B041

Mobile Shower Chair

Dimensions

- Seat height – 19 inches
- Seat width – 17 ½ inches
- Back height – 14 inches
- Has handle on back to aid pushing by a carer.

Criteria

- To assist access to a clients shower facility.
- For clients who are unable to stand safely in the shower.
- For clients who have poor sitting balance and require extra back and arm support.
- For clients who are non-ambulant or unable to walk safely in/out of the shower.
- For clients who have a shower that can be accessed using a mobile shower chair e.g. level access.

Considerations

- Weight of the client – maximum weight is 25 stone
- Cannot be used with a shower tray that has a ledge or step as this would require lifting.

- Risk assessment must be undertaken before using the mobile shower chair. Attention to transfers on and off the chair and moving and handling of the chair is vital.
- The height of the chair – specify the height required on your referral.
- Will there be space available for a carer to provide assistance?

- Use of oils or emollients may make the seat slippery and unsafe for the client.

- Length of time sat in the chair. May be difficult for client to have feet on the floor as chair needs to be moved. If feet are left dangling, this causes extra pressure on the back of the legs.
- All brakes must be applied when transferring on and off the chair and whilst showering.

Cleaning and Safety Within the Home

- Can be wiped down with a damp cloth and mild detergent or soapy water and rinsed after cleaning..
- Ensure castors are secure within the frame. If any bolts need tightening, please inform the equipment service.
- Ensure all brakes are working correctly and castors are clean.
- Periodically check the frame and seat for any cracks or signs of rust and report to the Equipment Service to receive an exchange.

Elms Code – B044

Flat Base Shower Chair

Dimensions

- Fixed height – 20 inches
- Seat width 17 ¼ inches
- Seat depth – 14 inches
- Overall height – 34 ¾ inches

Criteria

- As Static shower chair
- When there is a risk of puncturing a plastic shower tray with the four separate legs of a static shower chair.

Considerations

- Weight of the client – maximum weight is 20 stone
- Does the shower tray/base have adequate strength to support the equipment and the client?
- Is the shower tray big enough to hold the chair and the client?
- As Static Shower Chair

Cleaning and Safety Within the Home

- Can be wiped down with a damp cloth and mild detergent.
- Periodically check the frame for any cracks or signs of rust and report to the Equipment Service to receive an exchange.

Elms Code – B041A

Adjustable Swivel Bather

Dimensions

- Adjustable width – For baths 26 inches to 30 inches wide.
- For baths inside width 17 inches to 27 ½ inches.
- Each arm of the base can be adjusted individually.
- Seat width -17 ½ inches.
- Seat depth – 16 inches
- Width between arm rests – 19 inches
- Heavy duty model available.
- Corner bath swivel bather available.

Criteria

- For use with an over the bath shower. Non-thermostatically controlled showers are not recommended.
- For clients who are unable to use a bath or shower board because they need arm and back support and a swivel seat.

Considerations

- Weight of the client - maximum weight is 16 stone.
- Heavy duty model takes up to 20 stone.
- Ability of the client to lift legs over the side of the bath.
- Ability of the client to get on and off the chair as the seat is positioned back from the side of the bath. See arm extenders in accessories.
- Ability of the user to use the locking mechanism. It is located on the right hand side but can be requested on the left hand side as a special order.

- At least 1 ¼ inches of each arm of the base unit must rest on the side of the bath or on a Myco wall bracket which can be fitted by the Minor Adaptations team.

- Drainage holes are situated in the seat of the chair. New models pose no entrapment risk as the holes are relatively small. Old models have larger holes and must be used with a protective cover.
- If using a protective cover please be aware that they can be slippery on the seat and they don't necessarily let the water drain away.
- Grab rails may be required for assistance in turning the seat.
- Will the Swivel bather need to be removed from the bath? Need to consider the weight of each section and whether the client will be able to manage this.
- The positioning screws should be within ¼ inch of the sides of the bath but not touching.
- If the swivel bather needs to be removed from the bath, need to ensure that when re-fitting, the positioning screws are readjusted correctly.
- Consider medication side effects e.g. drowsiness, and advise on the best time to shower.
- Assess the risk for clients who suffer controlled or uncontrolled movements e.g. epilepsy, Parkinson's. Advise re. safety mechanisms e.g. panic button, always bathe accompanied by a carer.
- Manual leg lifters or handling slings may assist the client or carer lifting legs over the side of the bath.
- Accessories - Extended length arms – makes it easier for client to transfer onto the seat and gives better leverage when standing up from the seat. Length is extended by 6 inches and height is increased by 1 ½ inches. Seat Raiser – raises the seat height by 3 or 6 inches, useful for baths with low sides or for taller clients, also suitable for clients who have had hip surgery but this depends on the length of their legs and their range of movement.. Wall Bracket – To be used when the lip of the bath on the wall side is less than 1 ¼ inches, needs to be fitted by the Minor Adaptations Team. Seat belts – to provide extra security whilst sat in the chair or to prevent sliding forward in the chair. Seat Cushions – to prevent pressure damage and for comfort due to prolonged sitting in the chair.

Cleaning and Safety Within the Home

- Can be wiped down with a damp cloth and mild detergent.
- Need to check metal components for signs of excessive rust which can weaken the structure and be a potential source of infection.
- Ensure client/family/carer is able to remove and refit the swivel bather correctly ensuring correct adjustment of the positioning screws.
- Contact the Equipment Service if any section of the swivel bather is not working correctly and needs repair or replacement.

Elms Code

- Standard – B060
- Heavy Duty – B060A
- Corner – B062B

Bath Lifts

Neptune Bath Lift

Dimensions

- Battery operated height adjustment from 2.5 inches to 17inches.
- Seat width – 14 inches
- Seat depth – 14 inches
- Overall weight of bath lift – 9.6kg

Criteria

- Client has been assessed as being unable to use a bath board and bath seat to lower themselves into the bath.
- To enable independent bathing or carer assisted bathing.
- If clients have access to a thermostatically controlled overhead shower, this should be used in conjunction with a shower board or swivel bather.

Considerations

- Weight of client – maximum weight limit is 25 stone.
- Is the client able to lift their legs over the side of the bath?
- Consider the use of a leg lifter or a handling sling to enable client to lift legs into the bath or to aid a carer to lift legs.
- Does the client have good sitting balance?
- Consider medication side effects e.g. drowsiness, and advise on the best time to bathe.

- Assess the risk for clients who suffer controlled or uncontrolled movements e.g. epilepsy, Parkinson's. Advise re. safety mechanisms e.g. panic button, always bathe accompanied by a carer.
- Consider how the client will summon for help if the lifting mechanism fails.
- The seat and side flaps must be level and resting on the side of the bath. If the seat is raised, the bath lift is at risk of tipping.
- Is there enough leg room for the client in the bath once the lift is lowered? The Neptune allows more leg room than most other bath lifts.
- The removable side flaps come as standard.
- Side flap protectors may be needed if the bath has handles. This needs to be specified on your referral as they are not issued as standard.
- The client/family/carer must be able to operate the handset control and be able to charge the battery.
- Battery charging should be done away from the bathroom to prevent any risk of electrocution.
- The use of a bath lift requires hip flexion greater than 90 degrees, so should not be used post hip replacement during the precautionary period.
- All four suckers must sit securely to the surface of the bath.
- Suckers will not stick to a bath surface that is wet, has soap or bath oil residue, has an uneven surface or integral non slip surface.
- Bath mats should not be used underneath the bath lift.
- If the base of the bath is narrower than the footprint of the Neptune you will need to consider a different bath lift with an appropriate footprint.
- If the base of the bath is not flat, e.g. it is textured, rippled or re-enamelled, the suckers may not adhere.
- Will the client need to remove the bath lift? Consider moving and handling difficulties and ease of dismantling/reassembly. You must identify someone who is able to move, handle and clean the bath lift safely.
- Friction and shear caused when transferring on and off the bath lift can affect the clients tissue viability – use with caution or select a bath lift with a swivel and slide seat e.g. Aquajoy Premier Plus.
- Waterproof limb protectors are available to buy to keep limbs dry whilst bathing.
- Grab rails may be needed for extra support when using the bath lift.
- To prevent tripping hazard advise client to use suckers provided on the handset to adhere to the bath or tiled wall to prevent trailing wires.

- The bath lift will be serviced and PAT tested on a yearly basis by the Equipment Service.
- The risk of entrapment of any part of the body must be assessed.
- A place for storage should be identified when the bath lift is not in use.
- Extended side flaps are available making the Neptune compatible with some corner baths. This must be specified on your referral.

Cleaning and Safety Within the Home.

- Wipe down with damp cloth and mild detergent or soapy water. Oils and salts can be used in the bath water providing the Neptune is cleaned and rinsed thoroughly after use so no residue remains.
- Do not use abrasive or solvent based cleaners.
- Ensure all rubber suckers are in situ. If they have become worn or are absent, this can make the seat unsafe to use.
- Check the plastic seat for any cracks. These can affect the safety of the seat and are also an entrapment risk.
- Check all parts for signs of rust or corrosion. It may be easier to remove the bath lift from the bath to do this.
- The Equipment Service will contact you to arrange a yearly service and PAT test.
- For any failure with the equipment, contact the Equipment Service for repair.

Elms Code – B076

Aquajoy Premier Plus

Dimensions

- Battery controlled height adjustment – 3.5 inches to 18.3inches
- Seat width – 15.3 inches (side flaps folded)
- Seat depth – 19.3 inches
- Reclining backrest to a maximum angle of 40 degrees.
- Comes with washable padded mats for the backrest and seat.
- Gel filled mats also available.
- Total weight of bath lift without battery – 13.6kg
- Weight of seat – 7.7 kg
- Weight of backrest – 5kg

Criteria

- As Neptune bath lift
- Client requires reclined position in the bath

Considerations

- As Neptune bath lift.
- Weight of client – maximum weight limit is 26.7 stone
- Risk of sliding down the seat in the reclined position. This can lead to shear forces on the skin but also the client will be in an unsafe position as the seat begins to rise. You can stop the reclining at any point.
- Many accessories available;

- Gel filled backrest cover and seat cover – provides better pressure relief for the client at increased risk of tissue damage or pressure ulcers.
- Different coloured and patterned padded mats for the backrest and seat.
- Headrest – provides extra support and comfort whilst bathing.
- Upper body wing supports – clip to the top of the backrest to provide support and security to the upper body of clients who have less stable sitting balance.
- Swivel and Slide board – to assist transfer on and off the seat, also reduces shear and friction forces.
- Chest harness and lap strap available for extra security when sat on the bath lift.
- Pommel – to prevent sliding forward on the seat.

- Bath lift can be used with children with the accessories available.
- The bath lift can be stored flat.

Cleaning and Safety Within the Home

- As Neptune bath lift.
- There is a risk of entrapment with the scissor action mechanism of the bath lift. Ensure client/family/carers are aware of this.
- Standard covers can be washed in washing machines up to maximum temperature of 60 degrees. Gel mats are to be washed with soapy water and rinsed clean.

Elms Code – B107

Bath Step

Dimensions.

- 18 inches long by 14 inches wide.
- Is modular with each section 1 inch in depth.
- Step is supplied as standard with 4 sections

Criteria

- Client requires extra height of step to ensure safe transfer into and out of the bath.

Considerations

- Weight of the client – maximum weight limit is 70 stone.
- The clients safety stepping on/off a small platform area.
- The step should ideally be set at the same height as the inside base of the bath. This ensures that feet are on the same level when one foot is in the bath and one foot on the step. This prevents over balancing.
- Ensure all sections are secured to each other.
- Although surface has non slip pattern there is still a risk that when wet the surface may be unsafe.
- Client must stand with the foot centrally on the step to avoid tipping.

Cleaning and Safety Within the Home

- Wipe down with non-abrasive damp cloth and mild detergent or soapy water and rinse clean. The step must be dry and free of soap or oil residue to ensure its safe use.

- Ensure rubber feet on bottom of step are in situ and are not worn away.
- Check all sections of the step for any cracks that could make it unsafe. Report to the Equipment Service for a replacement sandwich.

Elms Code – B070

Feeding Aids

Eating and Drinking Aids for Adults

The information below applies to people who live in Liverpool.

Eating and drinking aids can be provided via the Community Equipment Service providing the user has been functionally assessed using the equipment.

The assessment may be carried out by:

- Staff at Liverpool Disabled Living Centre or
- By other staff in the Community or Hospital Occupational Therapy or Speech and Language Therapy Services using equipment borrowed, by arrangement, from LDLC

Range of Eating and Drinking Equipment on display at LDLC

There are currently over 150 eating and drinking products on display at LDLC these include cutlery, cutlery handle adaptations, plates and bowls, plate guards, non slip mats, and drinking equipment including cups, beakers and straws.

LDLC's Satellite Store

LDLC has a small satellite store of equipment that can be issued directly to service users following their assessment. This store includes a range of eating and drinking equipment.
There are over 300 eating and drinking aids on the market in the UK. Identifying suitable eating and drinking equipment for people with varied conditions involves the consideration of many factors including grip, posture, and muscle control, range of movement, sensation, vision, and handedness. It is, therefore, inevitable that sometimes people will need equipment that is not immediately available from the comparatively small stock in LDLC's satellite store.

Factsheet

The DLF Fact sheet "Choosing Eating and Drinking Equipment" gives a good overview of the range of equipment on the market and how to improve independence and safety in eating and drinking. The fact sheet is available free from LDLC (Tel: 0151 298 2055) or on the DLF web site: www.dlf.org.uk

Procedures by which eating and drinking equipment can be obtained.

Choosing to Buy Equipment

Although equipment can be provided via the Community Equipment Service some people prefer to purchase it themselves.
Assessment is still available at LDLC for people who wish to self purchase.
Staff at LDLC can provide information on suppliers.

Assessment at LDLC for Eating and Drinking Equipment by LDLC Staff

Anyone who lives in Liverpool can be referred or can refer themselves to LDLC for assessment. Transport can be provided for disabled people. There will normally be a waiting period before the appointment. Requests for urgent appointments can usually be accommodated via our cancellations system.

We require the following information:

- Name
- Address
- Telephone no
- Date of birth
- Condition
- Name and contact details of referrer
- What the person needs assessment for
- Whether they need transport or not

Provision of Equipment Following Assessment by LDLC Staff

If the equipment found to be suitable is available from our satellite store it can be issued to the service user there and then. A 'Community Equipment Service – Referral Form for Satellite Stores' will be completed and faxed to the CES marked "Issued from LDLC Satellite Store"

Following assessment a report will be sent to the person who referred the service user (with a copy to the service user)

If Equipment Cannot be Issued from LDLC's Satellite Store - Service Users Referred by Other Staff

If the equipment required is not available from our satellite store it will be requested from the Community Equipment Service by the person who has referred the service user to LDLC for assessment.

The request will be submitted on the 'Community Equipment Service – Referral Form' with details of the product, product code, supplier and price. Equipment will then be delivered to the service user's home via the Community Equipment Service.

If Equipment Cannot be Issued from LDLC's Satellite Store - Service Users who have Referred Themselves to LDLC

In the case of service users who have referred themselves to the centre the member of LDLC staff who has carried out the assessment will request the equipment from the Community Equipment Service.
The request will be submitted on the 'Community Equipment Service – Referral Form' with details of the product, product code, supplier and price. Equipment will then be delivered to the service user's home via the Community Equipment Service.

Assessment by other staff at LDLC

Other staff are welcome to arrange to bring service users to LDLC to carry out their own assessment using the equipment on display. Appointments for other staff to assess their own service users can usually be arranged at short notice.

Provision of Equipment Following Assessment by other staff at LDLC

If the equipment found to be suitable is available from LDLC's satellite store it can be issued to the service user there and then.
A 'Community Equipment Service – Referral Form for Satellite Stores' will be completed and faxed to the CES marked "Issued from LDLC Satellite Store"

If the equipment required is not available from LDLC's satellite store it will be requested from the Community Equipment Service by the person who has carried out the assessment.
The request will be submitted on the 'Community Equipment Service – Referral Form' with details of the product, product code, supplier and price. Equipment will then be delivered to the service user's home via the Community Equipment Service.

Assessment by Other Staff Outside LDLC

Other staff in the Community or Hospital OT or Speech and Language Therapy Services are welcome to borrow eating or drinking equipment from the range on display at the centre and from LDLC's satellite stores.
This can be used to assess the service user at home, in the hospital or other location.

Provision of Equipment Following Assessment by other staff outside LDLC

If the equipment borrowed from the satellite store proves to be suitable this can be issued there and then to the service user.
A 'Community Equipment Service – Referral Form for Satellite Stores' will be completed by the person carrying out the assessment and faxed to the CES marked "Issued from LDLC Satellite Store"
A copy will be filed at LDLC.
All un issued equipment will be returned to LDLC

If the equipment required is not available from LDLC's satellite store it will be requested from the Community Equipment Service by the person who has carried out the assessment.
The request will be submitted on the Community Equipment Service – Referral Form with details of the product, product code, supplier and price. Equipment will then be delivered to the service user's home via the Community Equipment Service.

Review of Equipment on Display and LDLC Satellite Store Stock

Staff at LDLC will review the range of equipment on display in the centre and the stock kept in its satellite store.
New products are constantly being added to the permanent display. Any comments on the range in the centre or in the satellite store which would enable us to improve the service in any way would be appreciated.
Please contact:
Jan Lockyer
Tel: 0151 298 2055 Fax: 0151 298 2952 E mail: jan.lockyer@liverpool.gov.uk

Plate Guard

Description

- A flexible plastic guard with three clips which attach to the plate.

Criteria

- To aid clients when eating to aid food collection and prevent food spillages.

Considerations

- Useful for clients who only have the use of one hand when eating.
- Can be fitted to different sized plates – diameters from 7 ½ -10 inches.

Cleaning and Maintenance within the Home

- Can be wiped down with damp cloth and normal detergent or put in dishwasher up to 80 degrees.
- If it becomes cracked or broken in ay way, contact the equipment Service for a replacement.

Elms Code – H178

Pat Saunders Straw

Description

- A plastic straw with a one way valve to keep the straw filled with fluid and prevent client from sucking up too much air.

Criteria

- For clients who have weak sucking ability.

Considerations

- Has a clip that can be attached to the cup
- Prevents excessive air intake when sucking liquid up the straw.

Cleaning and Maintenance Within the Home

- Clean in warm water and normal detergent.
- If straw becomes split or valve becomes broken, contact the Equipment Service for a replacement.

Elms Code – H179

Croydon Can Opener

Description

- A wall mounted can opener which supports the can in place so it can be used one handed.

Criteria

- For clients who are unable to use conventional can openers due to hand/arm weakness.

Considerations

- Suitable for tins up to 4 ½ inches diameter and 6 inches height.
- Can opener is wall mounted. Care needs to be taken when positioning on the wall to ensure it is in a safe place.
- It needs to be fitted by the minor adaptations team.
- Caution should be taken when using due to the sharp blade present.

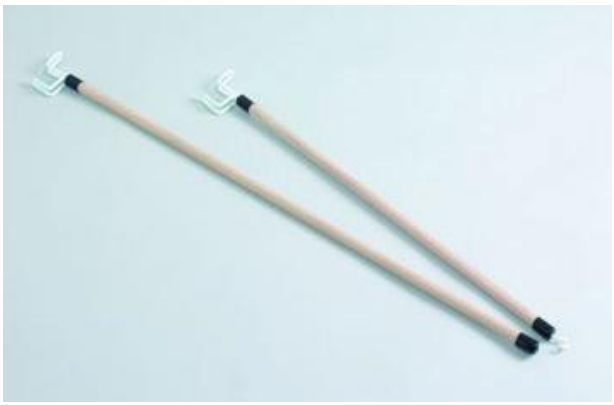
Cleaning and Maintenance Within the Home.

- Can be easily removed from the wall for cleaning.
- Can be wiped down with damp cloth and normal detergent. If it is immersed in water, ensure it is dried thoroughly to prevent rusting.
- If any part becomes broken or excessive rust is evident, Contact the Equipment Service for a replacement.

Elms Code – H130

Dressing Aids

Dressing Stick



Large hook **Small hook**

Description

- A wooden handled stick with a rubber tip at one end and a double wire hook at the other end.

Criteria

- For clients who suffer from stiffness or limited reach to enable them to pull on or push off clothing e.g. coats, cardigans, stockings, socks.

Considerations

- Ensure client is able to grip the stick securely and safely.
- The hook can damage skin if used incorrectly.

Cleaning and Maintenance within the home

- Wipe down stick and wire hook with damp cloth and mild detergent.
- If hook becomes loose or detached from the stick, report the the Equipment Service to obtain a replacement.

Sock Aid (Soxon)

(sock needs to be pulled up to cover whole length of the sock aid)

Description

- A wire frame covered with terry towelling cloth.
- Has two long fabric straps/handles

Criteria

- For clients who have difficulty bending or limited reach to enable the application of socks or stockings.

Considerations

- Client must have some dexterity to apply the sock/stocking onto the Soxon.
- Client must have sufficient grip in order to pull the sock/stocking on.

Cleaning and Maintenance Within the Home

- Ensure fabric is kept clean and dry to ensure it works to its optimum.
- The Soxon can be machine washed at 40 degrees or hand washed with warm water and normal detergent.
- If fabric becomes torn exposing the wire frame, or the handles become detached, contact the Equipment Service fore a replacement.

Elms Code – H180

Tights Aid

Description

- A plastic shaped sheet with two fabric straps/handles.

Criteria

- For clients who have difficulty bending or limited reach to enable the application of tights.

Considerations

- Client must have some dexterity to apply the tights onto the tights aid.
- Client must be have sufficient grip in order to pull the tights on.
- The edge of the plastic sheet may damage the patients skin if it is used incorrectly or if the patient has delicate skin or varicose veins.

Cleaning and Maintenance Within the Home

- Wipe down the plastic sheet with a damp cloth and normal detergent. Ensure it is dried thoroughly.
- If the plastic sheet becomes cracked/ripped, contact the Equipment Service for a replacement.

Elms Code – H180A

Compression Stocking Aid

Description

- Easy on by Credenhill
- A piece of very low friction fabric which is joined together with a flexible plastic rod that can be removed.

Criteria

- For clients who have to wear compression hosiery or socks and have difficulty in applying them correctly.

Considerations

- Clients still require some dexterity and grip in order to use the Acti-Glide correctly.
- Can be used with closed or open toe hosiery.
- May take time for client to use the system correctly. Ensure clear instructions and demonstration is given to the client.

Cleaning and Maintenance Within the Home

- Wipe down the fabric with a damp cloth and normal detergent. Ensure it is dried thoroughly.
- If any part becomes torn or broken, report to the Equipment Service to obtain a replacement.

Elms Code – H180B

Suction Machines.

A

B

Types available

- Sam 12 – picture A
- ES 100 – picture A
- Sam 420LX – picture B

Criteria

- Issued to any client who may require intermittent suctioning e.g. from a wound, tracheostomy, or oral cavity.
- Not to be attached to any site for constant suctioning.

Considerations

- Suction machines need to be plugged into the mains to be operated to its maximum capacity.
- The Sam 420LX can be battery operated for a period of 30 minutes. It can also be used on car journeys with an adaptor that can be plugged into the cigarette lighter.
- Each machine will be supplied with 1 spare connection tube and 3-5 filters. It is the responsibility of the District Nurse or whoever ordered the machine to re-order the filters and tubing and to supply the suction catheters. Information will be sent out with each suction machine on what products to order.
- The filters are to be changed at least on a weekly basis depending on how much the machine is used. If the filter becomes wet in any way it should be changed immediately.
- Clients may require two machines if they are unable to carry the machine upstairs for use during the night.
- Please see attached guideline for North, South and Central Liverpool PCT on how to suction and cleaning guidelines.

Oropharyngeal Suctioning

All nursing staff will be made aware of this guideline on commencement in post as part of their induction process

It is the responsibility of each individual nurse to ensure they have received training in the safe undertaking of oral suctioning.

Rationale, Indications and Cautions

- Oral suction is used to help a patient clear the airway if he or she is too weak to expectorate sputum from the pharynx. Other indications include unconscious or semi-conscious patients.
- Oral suctioning should not completely occlude a patient's airway.
- Suctioning via the oral route, does not enter a sterile area, therefore the procedure is clean, rather than aseptic.
- Suctioning can be a distressing procedure for the patient and should not be undertaken for prolonged periods.

Objective

The patient will have a clear airway, free of secretions.

Preparation

Ensure maintenance of patient privacy and dignity
Explain nursing procedure
Obtain patient's consent as per Trust policy
Ensure a good light source is available

Nursing Procedure

Wash hands
Attach suction tubing to suction machine and oral sucker to suction tubing, ensuring tight fit
Position patient in semi-recumbent position with head turned towards you. If patient is unconscious, place on his or her side, facing you

- Place towel or drape under the patient's chin
- Switch the suction machine on and set suction level. Oral suction should be gentle so that the mucous membranes, teeth and gums are not damaged. There is little supporting evidence for ideal levels for oral suction, but suggestions are made to maximum pressures of 20Kpa or 120mmHg
- Put on gloves
- Ask patient to open his or her mouth. Assist him or her if necessary
- Insert the Yankeur sucker into the mouth along one side and guide it along the inside of the cheek towards the oropharynx without applying suction. Suction is

prevented by either kinking the suction catheter or leaving open the hole in the Yankeur sucker

- Apply suction by unkinking the tubing or occluding the hole in the Yankeur sucker, and remove secretions and debris from the mouth as required. Do not force the sucker between the teeth or touch the posterior pharyngeal wall of the soft palate as it can make the patient gag or vomit.
- Release suction and remove oral sucker from the mouth. Oral suction should not be undertaken for prolonged periods as it can be distressing for the patient
- If further suctioning is required, allow patient to rest for at least 30 seconds and repeat procedure. If he or she is able, ask the patient to deep breathe and/or cough between suctions so secretions can rise to the upper airway.
- After completion of the procedure, ensure the patient is comfortable
- Suction water through until all debris has been cleared from the suction tubing and sucker.
- Wash hands after each use of the suction machine.

Cleaning and Maintenance

- After each use of the suction machine assess the suction tubing and sucker for any signs of debris that can't be removed, discolouration, ageing, and damage. Replace each item with equivalent tubing if any of the above is evident.
- The tubing and sucker should be changed regularly according to the level of usage e.g. continuous suctioning will require a more regular change of tubing and sucker than once a day suctioning.
- The bacterial filter should be changed after each days use in accordance with ISO 10079-1 or immediately if it becomes wet with froth from the collection jar. (Clinical judgment can be used on how often the filter is changed, but it must be at least once a week).
- Contents of the collection jar must be emptied at the end of each shift, or more frequently if required. Never let the jar fill completely and cause contamination of the bacterial filter.
- Contents of the jar must be emptied into the patient's lavatory and flushed.
- The jar can be washed with warm water and normal detergent and must be dried thoroughly before being used again. Do not use any solvent based cleaners.
- If the jar shows any signs of damage, severe discolouration or ageing please replace with an equivalent jar.
- Wash hands after each use of the suction machine and following cleaning or replacement of parts.

Documentation

The Nurse should document the following:

- Quantity of secretions
- Colour of secretions
- Consistency of secretions
- Odour of secretions
- Patient's response to the procedure

Requirements

- Suction machine or piped suction
- Suction tubing
- Oral suction catheter (e.g. Yankeur sucker)
- Water
- Drape or towel to protect patient's clothing
- Bed linen
- Protective gloves

References

Bennett C (2003) Nursing the breathless patient. *Nursing Standard 17, 17, 45-51*

MGE Worldwide (2004) User Manual – Operating and Maintenance

Appendices

Appendices-

Appendix A –

Pressure Care Request Form

Liverpool PCT NHS Trust Community Equipment Services
Units 4-7 Graylaw Trading Estate, Wareing Road, Liverpool L9 7AU
Tel 0151 282 7717/7718 Fax 0151 282 5180

DETAILS OF PATIENT / CLIENT	
Name: Address: Postcode: Phone Number:	DOB: GP: Address: Phone Number
DETAILS OF PRACTITIONER ORDERING EQUIPMENT	
Name: Position: Base:	Contact Number: Assessment Date:
DETAILS TO ASSIST WITH EQUIPMENT Request	
Diagnosis / Relevant Medical History Length of time patient is in bed: Length of time in Chair: Weight:	Ability to change position. ☐ Independent ☐ With assistance. ☐ Dependant on carer. Type of bed: Single / Double (delete)
PRESSURE AREA ASSESSMENT	
Pressure sore present: YES / NO Grade: Size: Location(s): Waterlow Score:	Pressure relieving equipment currently in use: (at home or in hospital) Do they have a profiling bed to aid pressure relief? YES / NO (delete)
EQUIPMENT REQUEST **(Based on Waterlow score, grading of pressure sore, using Flow Chart and clinical judgement)**	
☐ Category A – Static Replacement mattress - Memaflex ☐ Category B – Dynamic Mattress - small cell – Supreme, Alpha, Eclipse, Elite, Auto ☐ Category C - Dynamic Mattresses – Large Cell, e.g. Nimbus, Phase,	
ADDITIONAL INFORMATION	
Other measures incorporated into care plan to address pressure area care e.g. repositioning schedule, diet, cushion type. Delivery Details if different to the above contact address.	
REQUEST DATE:	**REVIEW DATE:**

You must inform your patient that equipment supplied by the Community Equipment Service remains the property of Liverpool PCT and will be subject to review on a regular basis and will be returned to the store when not needed anymore.

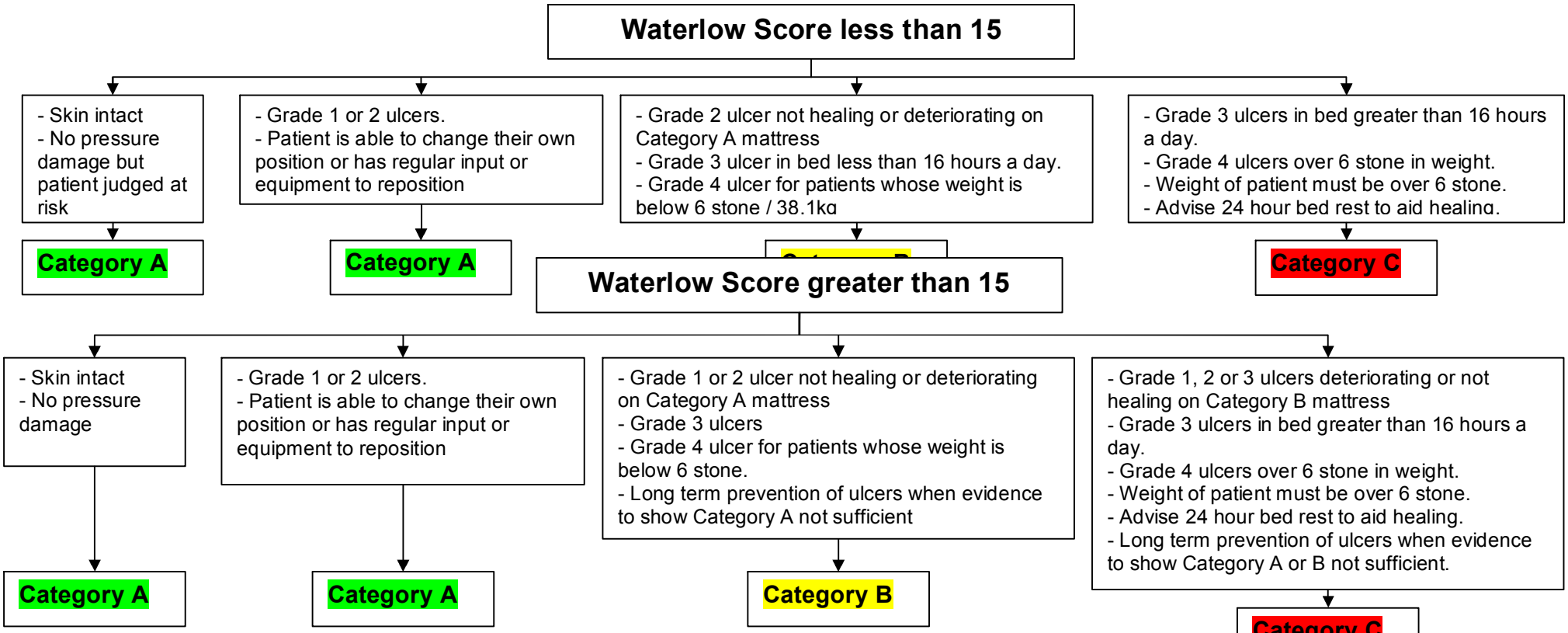
SCORE	
BUILD/WEIGHT FOR HEIGHT (BMI =Wt(Kg) / Ht(M))	
Average 0 BMI 20-24.9	
Above Average 1 BMI 25-29.9	
Obese 2 BMI>30	
Below Average 3 BMI <20	
SEX / AGE	
Male 1	
Female 2	
14-49 1	
50-64 2	
65-74 3	
75-80 4	
81+ 5	
SKIN TYPE	
Healthy 0	
Tissue paper 1	
Dry 1	
Oedematous 1	
Clammy / pyrexia 1	
Discoloured – Grade 1 2	
Broken / Spot – Grade 2-4 3	
CONTINENCE	
Complete/catheterised 0	
Catheter Problems 1	
Occasionally incontinent 1	
Faecally incontinent 2	
Doubly Incontinent 3	
MOBILITY	
Fully mobile 0	
Restless/Fidgety 1	
Apathetic 2	
Restricted Mobility 3	
Inert/Traction 4	

APPETITIE – MALNUTRITION SCREENING TOOL (MST)	
A – Has patient lost weight recently? YES – go to **B** NO – go to **C** UNSURE – go to **C and score 2**	
B – Weight Loss Score 0.5 – 5kg =1 5-10kg =2 10-15kg =3 >15kg =4 Unsure =2	
C – patient eating poorly or lack of appetite No = 0 Yes = 1	
Nutrition Score – if greater than 2 refer for nutrition assessment / information	
SPECIAL RISKS – Tissue malnutrition	
Terminal cachexia 8	
Multiple Organ Failure 8	
Single Organ Failure 5	
Peripheral Vascular Disease 5	
Anaemia (Hb <8) 2	
Smoking 1	
Neurological Deficit	
Diabetes, CVA, MS 4-6	
Motor/sensory loss 4-6	
Paraplegia 4-6	
Major Surgury/Trauma	
Orthopedics/spinal 5	
On Table >2 hours 5	
On Table >6 hours 8	
Medication	
Steroids/cytotoxic/Anti Inflammatory 4	
TOTAL SCORE	

Appendix B –

Mattress Selection Flowchart

Mattress Selection Flowchart


Waterlow Score less than 15
- Skin intact
- No pressure damage but patient judged at risk
Category A
- Grade 1 or 2 ulcers.
- Patient is able to change their own position or has regular input or equipment to reposition
Category A
- Grade 2 ulcer not healing or deteriorating on Category A mattress
- Grade 3 ulcer in bed less than 16 hours a day.
- Grade 4 ulcer for patients whose weight is below 6 stone / 38.1kg
- Grade 3 ulcers in bed greater than 16 hours a day.
- Grade 4 ulcers over 6 stone in weight.
- Weight of patient must be over 6 stone.
- Advise 24 hour bed rest to aid healing.
Category C
Waterlow Score greater than 15
- Skin intact
- No pressure damage
Category A
- Grade 1 or 2 ulcers.
- Patient is able to change their own position or has regular input or equipment to reposition
Category A
- Grade 1 or 2 ulcer not healing or deteriorating on Category A mattress
- Grade 3 ulcers
- Grade 4 ulcer for patients whose weight is below 6 stone.
- Long term prevention of ulcers when evidence to show Category A not sufficient
Category B
- Grade 1, 2 or 3 ulcers deteriorating or not healing on Category B mattress
- Grade 3 ulcers in bed greater than 16 hours a day.
- Grade 4 ulcers over 6 stone in weight.
- Weight of patient must be over 6 stone.
- Advise 24 hour bed rest to aid healing.
- Long term prevention of ulcers when evidence to show Category A or B not sufficient.
Category C

Category A – High Specification Foam Mattress **Category B – Dynamic Mattress - Small Cell**

Category C – Dynamic Mattress – Large Cell

PLEASE NOTE: The Waterlow score should not take the place of clinical judgment, your holistic assessment should include repositioning schedules, skin inspection and appropriate cushion provision should be considered.

Appendix C–

Continuing Care Application Form

APPLICATION AND GUIDANCE FOR CONTINUING HEALTH CARE FUNDING

All applications should be made prior to services being arranged. Applications for equipment must be agreed in principle before specialist assessment is requested. Any fabrics used on equipment must meet EEC regulations and be water/stain resistant and capable of being cleaned/disinfected to enable the equipment to be reused.

Service User Name ----------D.O.B. ----------

Address----------

GP ----------

1. <u>State which of the Continuing Health Care criteria are met and how</u>

Reference must be made to the *Cheshire & Merseyside Strategic Health Authority* Continuing Health Care (CHC) policy and eligibility criteria. List which of the criteria from Sections 2 and 3 are met. Provide supporting evidence.

Using the trigger chart identify which part is relevant to support the application. Provide supporting evidence.

Failure to provide this information will result in a delay in processing the application.

2. <u>What are the health needs</u>?

Applications for funding using the above policy will be based on the health needs of an individual. It is essential that applications include details about specific health needs.

3. How can the health needs best be met and by whom?

Indicate if the health needs require the intervention of a registered nurse, specialist nurse, NHS consultant and/or clinical therapist. This should be supported by details of the outcome of a multi disciplinary assessment and the decisions made indicating whether or not there was consensus of opinion. Include specialist and risk assessments if appropriate. State if a nursing home placement is required.

Indicate who will manage the health care needs and how.

4. What are the details of the treatment/care plan?

Include the agreed treatment/care plan clearly identifying the health problems/needs and include previous input and measures taken to address the problems. Ensure that the plan is achievable.

5. What equipment is required to meet the identified needs?

Applications for equipment must include all the information identified above plus details of the equipment required. Include details of the type of equipment and purpose of the equipment. Will the equipment prevent deterioration, maintain health or improve health? Failure to provide this information will result in a delay in processing the application.

6. What is the cost of the equipment?

Provide an approximate cost and indicate the length of time the equipment is likely to be required.

7. <u>What alternatives have been tried</u>?

Provide a list of equipment previously used and state the reasons why the equipment is no longer appropriate.

8. <u>What health outcome could be achieved if the request for CHC funding is approved</u>?

Please be clear about the desired outcome. Provide information that is clear, specific, accurate and detailed. Failure to provide this information will result in a delay in processing the application.

Signature of Applicant ----------Date ----------

Name ---------- Position ----------

Organisation----------

Tel.no. ---------- Fax----------

N.B. A prompt decision is dependent on the depth and clarity of the information provided in this application.

Applications for Continuing Health Care funding should be submitted to the following people for consideration:

Patients registered with a GP within South Sefton PCT
Continuing Health Care Team, 1st Floor, Burlington House, Crosby Road North, Waterloo.
Tel. 0151 478 1823 Fax. 479 6501

Patients registered with a GP within Southport and Formby PCT
Yvonne Atkinson, Nursing Home/Continuing Health Care Co-ordinator, 2 Church Street, Southport.
Tel. 01704 383715 Fax. 01704 383791

Patients registered with a GP within any of the Liverpool PCTs
Health Funded Care Team, Saunders House, Unit A, Parliament Business Park, Commerce Way, Liverpool, L8 7BA. Tel. 0151 285 4884 Fax. 0151 285 4386

Patients registered with a GP within St Helens and Knowsley PCTs
Dawn Chalmers, Continuing Health Care Co-ordinator, Moorgate Point Road, Knowsley Park Industrial Estate, Knowsley Park, Kirkby, L33 7XW.
Tel. 0151 477 4778 Fax. 0151 477 4753

Appendix D–

Bed Criteria

The Different Types of Bed Available from the Community Equipment Service

Standard Hospital Bed

- Fixed height – 17inches – 23inches
- 6 foot length by 3foot width
- No backrest
- No knee adjustment
- Maximum weight limit – 22 stone
- Able to go upstairs if no obstructions or tight corners.
- Cost - £125 + VAT

Adjustable Height Bed

- Electric height adjustment – 18inches – 30 inches
- 6 foot length by 3foot width
- No backrest
- No knee adjustment
- Maximum weight limit – 28 stone
- Cost - £380 + VAT
- Two man delivery
- Unable to go upstairs

Electric Profiling Bed

- Electric height adjustment – 18inches – 30 inches (12 inches to 24 inches set on lower bracket).
- 6 foot length by 3 foot width
- Electric backrest
- Manual knee adjustment (2 section bed)
- Electric knee adjustment (4 section bed)
- Maximum weight limit – 28 stone
- Able to go upstairs
- Cost - £500 + VAT (2 section bed)
  £725 + VAT (4section bed)

Other Points

- Castors not to be removed
- Cotsides not given as standard
- Compatible with all mattresses in store
- Height of standard hospital mattress – 5inches

Indications for Use of Different Types of Hospital Bed.

Standard Hospital Bed

- Patient requires under bed clearance for use of a hoist.
- Patient needs to be nursed in a single bed due to health and safety risks.
- Patients own bed cannot be adapted to meet their individual needs.
- Use of a manual backrest will be sufficient for patient care.

Adjustable Height Bed

- Height of patients bed is unsafe for carers to undertake their tasks
- Adaptations are unable to be made to patients own bed.
- Patient requires adjustable height to enable safe transfer in and out of bed with limited or no assistance.

Electric Profiling Bed.

- Patient is terminally ill being nursed in bed 18 – 24 hours a day.
- Patient has severely impaired mobility where they are unable to change their position themselves i.e. MS, MND, paralysis.
- Patient has tissue damage and movement in bed will promote pressure relief without carer intervention.
- Patient suffers from respiratory problems and needs to be able to adjust seating position rapidly and a mattress variator is unsuitable.
- Patient is being nursed in bed 18+ hours a day and needs to be able to change position independently due to carer constraints.
- Patient is being PEG fed in bed and needs electric backrest to reduce the risk of aspiration and manual backrest is unable to be used.

Beds will **NOT** be given

- To someone who doesn't have a bed and no nursing or clinical need is identified.
- If other adaptations to the bed have not been considered.
- If there is insufficient room within the patients house to manoeuvre the bed frame.
- To a patient who can mobilise independently or with minimal assistance

- Where there is no nursing or social input.
- An SF300 grant may be available for people on certain benefits whose bed is unsuitable and they don't meet any of the criteria or if they don't want a hospital style metal frame bed.

Other Factors.

- A 2-section bed will be delivered as an alternative to a four section bed if none are in stock.
- If a patient can be nursed on a standard hospital bed, even when complex health needs are identified, please DO NOT order a profiling bed. This wastes valuable time and money.
- If the loan of a fully profiling bed is for long term use and a health or nursing need is identified, please apply for continuing care funding.
- If you are unsure of what type of bed would be suitable for your patient, please consult your moving and handling co-ordinator for advice.
- Special orders of beds i.e. heavy duty or children's cots, will be made after a full holistic assessment and a request is put in writing. This should give clear indications as to why this type of bed is required. An application to Continuing Care should be made if the bed is required long term.
- There is not an exhaustive budget within the service, please consider other bed options and adaptations first.
- Adaptations which should be tried before ordering a profiling bed.

- manual backrest - lifting belt - lifting pole	**All available through the community equipment store.**
- bed raisers - mattress elevator.	**Available through social service store, following an OT referral and assessment.**

Appendix E–

Bed Rail Guidelines –Bed Rail Assessment and Safety

Introduction to Bed Rails

Bed rails are used extensively in hospitals, nursing and residential homes, and throughout homes in the community to prevent people from falling from their beds. However, **bed rails can cause serious injury and death due to inappropriate referrals and misuse.**

The MHRA (MDA) has received several adverse incident reports relating to bed rails that have resulted in serious injury and death. The adverse incident investigations have shown that some patients' clinical conditions mean they are at a greater risk on entrapment. The MHRA now recommends that organisations operate risk management procedures, and with the introduction of Clinical Governance, there is greater emphasis on delivering care within a framework of risk management. This method of working is to ensure the best possible care is provided.

Risk Assessment

Risk assessment is vital as it enables us to identify hazards that may be caused by certain actions/situations/pieces of equipment.
The process involves;

Identify the risks

↓

Plan interventions to reduce the risk

↓

Implement the care plan to eliminate the risks

↓

Evaluate the care plan (2nd risk assessment)

There are many risks identified with bed rails which is why the decision to use them should not be taken lightly.

Before You Use Bed Rails

The decision to use bed rails should never be made until a holistic assessment and risk assessment has been carried out on the person they are intended for, and the bed they are to be used on.
The person carrying out the assessment must be aware of all possible risks of injury and decide if the risk of injury to the client is less, with or without bed rails, or if there is any other equipment that would reduce the risk.

Indications for use of Bed Rails

- History of falls from the bed
- Fluctuating levels of consciousness
- Sensory loss
- Limb weakness or hemiplegic conditions
- Cognitive or perceptual deficit

They are designed solely to prevent bed occupants from falling from their bed and sustaining injury.

Contra-Indications for use of Bed Rails

- Climbing over or around cot sides
- Independent in movement
- Client is able to maintain their own safety
- Client uses them to pull themselves up or turn over
- Clients risk of injury is greater with cot sides
- Client is agitated or confused
- As a method of restraint
- They should never be used routinely.
- Clients with specific medical conditions – dementia, cerebral palsy, micro- or hydrocephalus.

Risk Assessment for Bed Rails

This should include;

1. Assessment of the client who the bed rails are for
2. The bed they are to be used on.
3. The type of bed rail
4. The mattress being used
5. Safe fitting of the rails

Questions that need to be included in the risk assessment;

The Client

- Is the client likely to fall from the bed?
- Does the client's size and behaviour present a risk? E.g. confused or agitated.
- Is the clients head or body small enough to become trapped in any gaps in;
    1. the bed rail bars
    2. between the lowest bar and mattress
    3. the end of the bed rail and head/footboard
    4. between the bed rail and side of the mattress
    5. any other gap that is present

- Will the client need to get out of bed during the night?
- Will bed rail bumpers help reduce the risk of entrapment?

The Bed

- What type of bed does the client have?
- Can a bedrail be fitted to that style of bed?

The Bed Rail

- Is the bed rail suitable for the bed to which it will be fitted?
- Is it to be used with a child or a small adult?
- Are there large spacings between the bed rail bars that are an obvious entrapment risk?
- Are there gaps between the bed rail and the headboard?

- Will the bed rail be used to aid getting in and out of bed or for movement in the bed? **Bed rails are not designed to aid moving and handling, or to aid a person to move in the bed.**
- Are bed rails the best solution – are there alternative bed management methods that can be used?
- Could the use of bed rails **increase** risk of injury to the patient?

The Mattress

- Is there an overlay mattress on the bed? This will require extra high bed rails.
- Does the mattress compress easily at the edges creating an entrapment hazard?
- Is the mattress the right size for the bed?

Fitting

- Has the bed rail been fitted correctly?
- Have you been given sufficient instructions from the manufacturer on how to fit the bed rail?
- Is the bed rail secure?

Purchase of Bed Rails

The MDA has identified a number of design issues, which if avoided will reduce the likelihood of an adverse incident occurring.

1. Avoid poor bed rail designs with large spaces between the bars
2. Avoid gaps between the end of the bed rail and the head and footboard
3. Avoid using bed rails designed for a divan bed on a wooden or metal bed frame.
4. Avoid using insecure fittings or designs which allow the bed rail to move away from the side of the bed or mattress. This can happen with many divan type rails.

5. Avoid using a mattress overlay on top of an existing mattress. The additional height lessens the effectiveness of the bed rail. Extra height bed rails can be obtained.
6. Avoid using only one side of a pair of bed rails when the other side is against a wall.

If you are unsure in any way about what type of bed rail is compatible with the bed, consult with the manufacturers of the bed rail and get them to visit and demonstrate the bed rail.
Ensure you get sufficient information on the bed rails use and contraindications from the manufacturer.

As part of the NMC Code of Conduct (2000); “Nurses must ensure that no action or omission on their part or within their sphere of influence is detrimental to the condition or safety of patients”
If risk assessment for the use of bed rails is not completed, you are breaking your code of conduct and lacking in your duty of care to the client.
Employees also have a responsibility to take reasonable care for the health and safety of themselves and others affected by their acts, and to co-operate with their employer on health and safety obligations.

Decision to Use Bed Rails

Following your risk assessment, you feel that bed rails are the best option;

- The decision to fit bed rails must be made in consultation with the client and their family/carers.
- The risks involved with bed rails must be highlighted to the client, family/carers before they are put in situ.
- Documentation should include;
    1. Why there is a need for bed rails
    2. That a risk assessment has been competed and the findings of it.

3. Involvement of the client and their family/carers in the decision process.
4. Why alternatives to bed rails are not appropriate, and what has been considered
5. The potential risks involved with bed rails.
6. The date you fitted the bed rails, and details of the mattress in situ at that time.
7. A review date for re-assessment. Re-assessment however, should be done whenever the clients condition changes or when a piece of equipment e.g. bed or mattress, is changed.

Installation of Bed Rails

- **BED RAILS MUST ONLY BE FITTED BY TRAINED DELIVERY DRIVERS.**
- **THEY MUST NOT BE FITTED BY THE CLIENT OR THEIR FAMILY/CARERS.**
- This is to ensure that any gaps at the head or foot board are at the correct measurement to reduce the risk of entrapment.
- The delivery driver will ensure that the clamps are fitted securely and the bed rails are in working order before he leaves.

Alternatives to Bed Rails

Following risk assessment, your findings are that bed rails are not suitable for your client, there are several alternatives that can be tried.

- Tucked in sheets and blankets
- Beds being used in their lowest position if they have adjustable height.
- Soft cushioning on the floor to break a person's fall.
- Client/staff pressure alarm systems – alert family/carers that a person has moved from their normal position.

- Body positioning devices – used to position clients with specific conditions such as cerebral palsy.
- Closer or more frequent staff supervision whilst the client is in bed.
- Foam side wedges that attach to the mattress.
- Bed rail bumpers can prevent impact injuries but can also reduce the potential for entrapment.

Future Care of Bed Rails

The adverse incidents investigated by the MDA showed that many serious and fatal incidents were caused by lack of maintenance.

- Reassessment of need for the bed rails must be undertaken when there are any changes in the client's condition or mattress, and be recorded in the client's notes.
- The bed rails should be inspected for defects and security each time they are raised, and there should be a record that the carers using them have been instructed in this and by whom.
- If the bed rails become loose, have come off the bed or have moved in any way, they must be re fitted by somebody who has had the appropriate training .
- When bed rails are in use, beds should be maintained at their lowest position whenever possible.
- Any accidents or incidents that occur directly from the use of bed rails must be reported and an incident form completed.

Bed Rails and Children

There are no published standards on bed rails for children. Most bed rails are to be used with people over the age of twelve, if you have a client less than the age of twelve, a full risk assessment of the child and bed must be completed. This is due to the spaces between the bars which would put the child more at risk of entrapment. Bed rail

bumpers should always be issued with any child if bed rails are deemed necessary.

Measurements for Fitting

1. The length of the bed rail should be at least two thirds the length of the bed.
2. The gap in between the rails should be no greater than 120 mm (MHRA MDA/2004/007)
3. The height of the bed rails above the surface of the mattress should be 405 +/-25mm
4. The bed rail should be situated less than or equal to 60mm from the headboard or greater than or equal to 250mm from the headboard.

Appendix F–

Risk Assessment Forms

Central Liverpool NHS
Primary Care Trust

Risk Assessment Form

Location/Activity: **Assessment date:**
Assessor:_____ **Signature:**_____ **Review date:**_____

Ref	Hazards	Risks	People at risk	Current Control Measures	L x C = R			Is further action required (Y/N)

Guidance Notes for Assessors

1. Reference Number
2. Job or Task being assessed
3. Any hazards that may cause harm to an individual or group
4. People at risk - numbers and occupations
5. What is currently being done to eliminate or reduce the risk
6. Risk evaluation
7. Further action as appropriate

Risk Grading

1 - 4 = Green, acceptable risk, regular review.
5 - 12 = Yellow, manageable risk, action required.
13 -25 = Red, serious risk, immediate action required.

Likelihood \ Consequence	1	2	3	4	5
5					
4					
3					
2					
1					

Consequence
1. Insignificant
2. Minor
3. Moderate
4. Major
5. Catastrophic

Likelihood
1. Rare
2. Unlikely
3. Possible
4. Likely
5. Certain

Please return to: natalie.armstrong@centralliverpoolpct.nhs.uk

Risk Assessment Action Plan

Location/Activity:_____ **Assessment date:**_____

Assessor:_____ **Signature:**_____ **Review date:** _____

Ref	**Further Action Implemented**			**Responsible Person**	**Revised Risk rating** L x C = R			Are further assessments required if so list. e.g. COSHH, DSE
	Short Term	**Medium Term**	**Long Term**					

Central Liverpool NHS
Primary Care Trust

Event Grading Matrix

Likelihood	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Definitions of Consequence

Consequence	Actual or potential impact on individual	Actual or potential Impact on Trust	Number of people involved	Complaint /Claim
Catastrophic (5)	**Death**/loss of body part/Major financial loss	Adverse national publicity, possible investigation	Many, e.g. evacuation	Certain
Major (4)	**Extensive injuries**/Service interruption/ Serious financial loss	Service closure, RIDDOR reportable, long term sickness	Moderate Number, e.g. loss of records	Certain
Moderate (3)	**Medical treatment** required/High financial loss	RIDDOR reportable, MHRA reportable, short term sickness	Small numbers e.g. 3-10	Possible
Minor (2)	**First aid treatment**/ Identified financial loss	Minimal risk to the organisation	1	Unlikely
Insignificant (1)	**Minimal**/Low financial loss	No risk at all to the Trust	1	Remote

Central Liverpool NHS
Primary Care Trust

Definitions of Likelihood

Level	Descriptor	Description
5	Certain	Likely to occur on many occasions
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Cannot believe that this will ever happen

Priority and Action

Risk Colour	Risk Rating	Risk Level	Identifier	Action required
GREEN	0 - 4	Low	The majority of control measures in place or harm insignificant.	Action may be long term
AMBER	5 - 12	Medium	Likely probability of major harm if control measures not implemented.	Action in medium term
RED	15 - 25	High	Significant probability of major harm.	Urgent action required. Consider stopping process. Report immediately to line manager and Member of Management Team

Appendix G–

Bed Assessment and Referral Form

Bed Assessment and Referral Form

Name of Patient		**Date of Birth**	
Address		**GP Name**	
		GP Address	
Postcode			
Telephone Number		**GP Telephone Number**	

Name of Referrer		**Job Title**	
Pin Number			
Job Band		**Phone Number**	
Base			
Date of Assessment		**Date of Referral**	

Details to assist with the allocation of Equipment – See Guidance on types of Equipment available for beds.

Diagnosis and medical history of patient
Is the patients condition likely to improve/deteriorate/remain stable?
How long is the patient spending in bed per 24hrs? If longer than overnight, please give reasons why?
Does the patient have a pressure ulcer? YES / NO
Grade of Ulcer? 1 / 2 / 3 / 4
Position of Ulcer/s
Can the patient change position in bed independently or with simple equipment? (e.g. bed lever or lifting pole). Please give details why if unable.
How does the patient transfer in and out of bed? Please delete and give details
Independently (no help from carers, may use simple equipment) **Minimal Assistance (One carer, use of simple equipment, minimal manual handling)**

Dependent on carers (hoist transfer

Functions of Bed that are Required.

Does the patient wish to remain in their own bed? YES / NO
Has the patients own bed been assessed for suitability? YES / NO
If NO, why not, and if assessed as unsuitable, please give details why?
Can patients own bed be adapted with equipment to aid care giving? (See equipment guidance.) YES / NO
If NO, why not?
If YES, please select appropriate equipment from list at the end of the form.
Has the patient tried any other equipment to aid care giving or independence in bed? YES / NO
Please give details of what equipment has been tried, why they have been unsuccessful and why, if applicable, no other equipment has been tried?
DECISION – Is a different bed required? YES / NO

Please answer these questions once all of the above has been completed and no other equipment can be used to help

Electric height adjustment – please give reasons why this will be required and why bed raisers are not appropriate.
Electric backrest – please give reasons why this is required and why a mattress variator or static backrest are not appropriate
Electric knee break – please give reasons why this is required.
Electric Trendelenberg Tilt – please give reasons why this is required.

Equipment Ordering

Please tick which piece is required.

Piece of Equipment	Number/ height Required	Type of Bed – Single/Double	Any further Information
Bed Lever			
Lifting Pole			
Mattress variator- standard			
Dream Master Variator			
Bed raisers – divan bed			
Bed raisers – legs			
Multi – Purpose Raisers			
Static backrest			
Manual Leg Lifter			

Please indicate which type of bed is required.

Height adjustable bed	
Fully profiling bed	

If you are ordering a bed for a patient, please remember to order an appropriate mattress using the pressure care request form.

As the prescriber of any piece of equipment, you are responsible for its safe and correct use, and for the reassessment of its need for each individual patient.
The Equipment Service relies on recycling of equipment to meet the needs of all patients across Liverpool. Incorrect prescription and non-review of equipment may lead to a delay in your patient receiving the equipment.
Your patient must be made aware that the equipment delivered to them is not theirs to keep, it will subject to regular review.

Signed..... Date.....

Date of review (first review must be no longer than 3 months)
.....

You may receive a phonecall/letter reminding you of the review date.